

**PROPOSED PAHO PROGRAM AND BUDGET 2010-2011**

**Pan American Health Organization  
World Health Organization**

**August 2009**



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## INTRODUCTION

1. PAHO, along with WHO, pursues a results-based budgeting approach to determine the resource requirements to carry out its work. The cost of achieving PAHO's region-wide expected results over a given period of time is expressed through an integrated budget that includes all funding sources.
2. PAHO receives funding from three main sources:
  - (a) the **PAHO Regular Budget**, which comprises assessed contributions (quotas) from PAHO Member States plus estimated miscellaneous income;
  - (b) the **AMRO Share**, which is the portion of the WHO regular budget approved for the Region of the Americas by the World Health Assembly;
  - (c) **Other Sources**, which mainly comprises voluntary contributions mobilized by PAHO or through WHO, program support-generated funds, and funding from the Master Capital Investment Fund; among other categories.
3. While funding sources (a) and (b) above are considered unearmarked, voluntary contributions (included in (c)) can be categorized as either earmarked or unearmarked. Effective financing of the Strategic Plan 2008-2012 and associated Programs and Budgets will require careful management of the different sources and types of income to ensure complete funding of planned activities. Unearmarked funding provides a predictable and flexible resource base that facilitates financing the core work of the Organization. Earmarked funding—which accounts for the majority of voluntary contributions currently negotiated—is less flexible and, thus, may not be available for use in under-funded programmatic areas.
4. Earmarked voluntary contributions continue to pose a challenge for ensuring alignment between the Organization's planned activities and actual resources mobilized. To the extent that donor partners can be persuaded to provide increased levels of unearmarked voluntary contributions—also being referred to as *core voluntary contributions* (CVC) by WHO—the Organization will become more successful in fully financing its Strategic Plan and Programs and Budgets, thereby increasing the probability of achieving its expected results. To this end, the Bureau fully supports WHO's efforts in actively seeking to increase the proportion of the program and budget financed with core voluntary contributions and will similarly continue its own efforts in this area.
5. The proposed resource levels by strategic objective (refer to Annexes 2 and 3) incorporate comments and guidance received from Member States, internal discussions with strategic objective facilitators, as well as analysis that stems from the regional prioritization model that has been previously discussed with Member States. As a result, increases are proposed in Strategic Objectives 1 and 3, addressing communicable as well as chronic diseases, and in Strategic Objectives 7 and 10, addressing the social and economic determinants in health as well as the strengthening health services with a focus on primary health care. An increase is also proposed in strategic objective 11 to better reflect all costs associated with the production of quality data, information and knowledge for planning and decision-making. Part of these costs was previously budgeted in strategic objective 15. In turn, reductions are proposed in strategic objectives 12, 13 and 14. A reduction is also proposed in strategic objective 16 with a compensatory increase in strategic objective 15 to reflect a re-categorization of costs related to supporting PAHO/WHO country presence. It is worth noting that there is no proposed increase for strategic objective 4 even though it is considered the highest programmatic priority. This is because actual and expected levels of funding are still well below current budget targets, and it is considered unlikely to increase resource mobilization to the stated level.

6. A key step in accurately projecting future budget requirements is being able to estimate the cost of the fixed-term workforce required to carry out the program of work. Increases in the cost of fixed-term posts (FTPs) are based on current data and foreseeable trends. At this writing, the estimated costs for the 2010-2011 budget period are expected to increase compared to those in 2008-2009, but to a lesser degree than was the case going into 2008-2009. For the 2008-2009 exercise, an internal analysis signaled a US dollar-based increase of between 13%-15%, particularly as a result of the devaluation trend of the US dollar at that time. However, the final approval granted by Member States was based on a more optimistic scenario of 10%, that when combined with continued reductions in the workforce, resulted in a net increase of 8.3% to the FTP budget component compared to the previous budget period.

7. In determining the costs for 2010-2011 regular budget, a recent analysis performed for actual costs incurred for FTPs during 2008 reveals an increase of 6.3% over the cost of FTPs already budgeted for 2008. This brings the actual cost factor for 2008-2009 to approximately 15% compared with the prior biennium, and is consistent with the original 2008-2009 analysis. For the current biennium, a transfer of approximately US\$ 11.5<sup>1</sup> million from non-FTP funds to the FTP budget will be required to fully fund all fixed-term posts for 2008-2009. This is the starting point for the FTP cost estimate considered in the proposed 2010-2011 budget.

8. Table 1 compares the financing of the proposed 2010-2011 program and budget with the approved 2008-2009 budget.

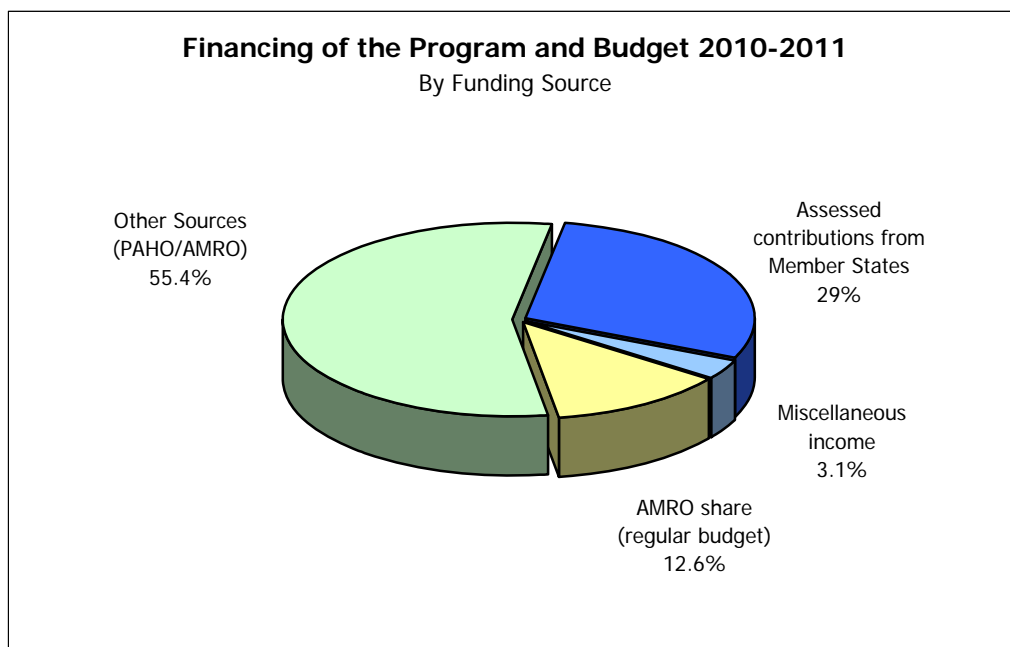
**Table 1. Financing of the Program and Budget 2010-2011**  
(PAHO/WHO Base Programs)

<b>Source</b>	<b>2008-2009</b>	<b>2010-2011</b>	<b>% change</b>
Assessed contributions from Member States	180,066,000	186,400,000	3.5%
+ Miscellaneous income	17,500,000	20,000,000	14.3%
= Total PAHO share (Regular Budget)	197,566,000	206,400,000	4.5%
+ AMRO share (from WHO)	81,501,000	80,700,000	-1.0%
= Total Regular Budget	279,067,000	287,100,000	2.9%
+ Estimated Other Sources *	347,000,000	355,851,000	2.6%
= Total Resource Requirements	626,067,000	642,951,000	2.7%

\* Represents primarily the combined total estimated voluntary contributions from PAHO donor partners as well as from WHO.

<sup>1</sup> Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.





9. **Assessed contributions.** The analysis of 2008-2009 actual FTP costs revealed a 6.3% increase over the FTP budget for the biennium. The full cost of 6.3% applied to all regular-funded FTPs proposed for 2010-2011 equates to \$11.5 million. Of this amount, \$7.75 million represent the cost increase for FTPs funded from PAHO regular funds, or approximately 67%. The remaining 33% are funded from WHO regular budget funds (AMRO share). The proposed assessment increase of 3.5% will generate \$6.3 million, which is approximately 80% of the cost increase related PAHO regular-funded FTPs, and just over 50% of the cost increase of all regular-funded FTPs.

10. **Miscellaneous income.** At this time, the projection for miscellaneous income is expected to increase by \$2.5 million compared with the amount budgeted for the 2008-2009 biennium. This figure is subject to change in future iterations of this document based on changing economic indicators.

11. **AMRO share.** This is the portion of the WHO regular budget that is approved by the World Health Assembly for the Region of the Americas. An amount of \$80.7 million was recently approved by the 62<sup>nd</sup> World Health Assembly and represents a reduction of \$800,000, or 1.0%, compared with the previous biennium.

12. **Estimated Other Sources.** This figure includes voluntary contributions mobilized by PAHO or through WHO, program support-generated funds, and funding from the Master Capital Investment Fund; among other categories. Estimates are discussed by Strategic Objective networks and subject to internal programmatic prioritization. This figure may change slightly in the final iteration of this document to be presented to the Directing Council as dictated by circumstances surrounding the availability of resources and finalization of the Operational Planning Process.

13. **Total resource requirements.** This category amounts to \$642.9 million, an increase of 2.7% compared with the total budget for the previous biennium.

14. As mentioned in paragraph 5, the current fiscal outlook for organization budgets that are based on the US dollar is not as severe as it was going into the 2008-2009 biennium. The recent trend in devaluation of the US dollar, which has played a large part in the excessive cost increases experienced during the last few years, has started to reverse against most Latin American and

Caribbean currencies. To the extent that this new trend holds, it will support the softened projections for cost increases related to fixed-term posts included in the proposal.

15. In the last biennium, the Organization benefited with a windfall generated from income received beyond the budgeted level. The resulting “surplus” has been placed in a holding account that is being used to fund several projects approved by Member States. Some of these projects include initiatives related to the International Public Sector Accounting Standards (IPSAS), Modernizing the Corporate Management Systems, and other capital investment projects. However, the Organization also has had to strengthen some important enabling functions for improved accountability and transparency, such as those related to additional internal oversight and audit, institutional and organizational development, and parts of the integrated conflict management system. These are necessary and recurrent costs that are not funded from the holding account and must be dealt with from the core budget.

16. The 2010-2011 biennium represents the last of three bienniums targeted in the Regional Program and Budget Policy. The Policy calls for a further shift of resources away from the Regional level and in favor of countries and subregions. These shifts, which have also occurred in the past two bienniums, have had a significant impact on the Regional level; consequently, the shifts have placed a strain on the ability of Regional entities to carry out the statutory and normative work and to backstop needs in the countries. In addition, some countries deemed in better relative health and economic status according to the Policy's methodology, also have suffered significant budget reductions from within the overall share targeted for countries. In accordance with the Policy, an assessment of the Policy itself will be conducted this year and presented to the SPBA in 2010.

17. Table 2 shows the allocation schedule of regular budget resources in accordance with the Regional Program and Budget Policy.

**Table 2. Application of the Regional Program and Budget Policy\***

	2006-2007	2008-2009	2010-2011
Country	38.0%	39.0%	40.0%
Subregional	6.4%	6.7%	7.0%
Regional	55.6%	54.3%	53.0%
	100.0%	100.0%	100.0%

\* A review of the Regional Program and Budget Policy is scheduled for 2009.

18. Given the regular budget situation, it becomes increasingly important for the Organization to mobilize voluntary contributions. And, since voluntary contributions from donor partners are generally earmarked for specific objectives and are less flexible and predictable, the Bureau will continue to make every effort to manage these contributions in light of the overall expected results contained in the Strategic Plan and Program and Budget. Thus, regular budget funds become increasingly essential for securing the core functions as well as the enabling functions of the Organization.

19. The three sections that follow illustrate the Program and Budget by the 16 Strategic Objectives with their Region-wide expected results (RERs) and indicators, by: Region-wide (corporate) level; the Subregional level; and the Country level.

20. Six Annexed tables are included for additional budget details: (a) Forty-year History of PAHO/AMRO regular budget funding; (b) Proposed Program and Budget 2010-2011 by funding source (base programs); (c) Proposed Program and Budget 2010-2011: comparison with 2008-2009; (d) Proposed Program and Budget: all segments. (e) Regional Program and Budget Policy: Phase-in schedule over three bienniums; and (f) Application of the Regional Program and Budget Policy at country level.

21. The table in Annex 4 (Proposed Program and Budget: all segments) is being presented for the first time. The intention is to separate the proposed budget into three segments: (a) PAHO/WHO base programs, (b) out-break, crisis and response, and (c) government-financed internal projects. This differentiation has become necessary in recognition of the different budget and management requirements associated with (b) and (c), particularly given the unpredictable nature and magnitude of these other two segments in recent years.



## **STRATEGIC OBJECTIVES AND REGION-WIDE EXPECTED RESULTS**

*This section illustrates the entire program of the Organization. All organizational levels (regional, subregional, and country) are grouped together at the highest programmatic level—by strategic objective and region-wide expected result. This section represents the achievements that the Organization, collectively, will attain. Subsequent sections will provide details for the subregional level as well as for the country level.*



# STRATEGIC OBJECTIVE 1

## To reduce the health, social and economic burden of communicable diseases

### Scope

The activities related to this Strategic Objective (SO) focus on prevention, early detection, diagnosis, treatment, control, elimination, and eradication measures to combat communicable diseases that disproportionately affect poor and marginalized populations in the Region of the Americas. The diseases to be addressed include, but are not limited to: vaccine-preventable, tropical (including vector-borne), zoonotic and epidemic-prone diseases, excluding HIV/AIDS, tuberculosis and malaria.

### REGION-WIDE EXPECTED RESULTS

**RER 1.1 Member States supported through technical cooperation to maximize equitable access of all people to vaccines of assured quality, including new or underutilized immunization products and technologies; strengthen immunization services; and integrate other essential family and child health interventions with immunization.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
1.1.1	Number of countries achieving more than 95% vaccination coverage at national level (DPT3 as a tracer)	17	20	22	25
1.1.2	Percentage of municipalities with vaccination coverage level less than 95% in Latin America and the Caribbean (DPT3 as a tracer using baseline of 15,076 municipalities in 2005)	38%	36%	34%	32%
1.1.3	Number of countries that have included pneumococcal and/or rotavirus sentinel surveillance in their national epidemiological system	0	5	10	15
1.1.4	Number of countries that purchase the vaccines for their National Immunization Program through the PAHO Revolving Fund for Vaccine Procurement	32/38*	32/38	33/38	34/38

\* Denominator excludes Puerto Rico and the US Mexico-Border

**RER 1.2 Member States supported through technical cooperation to maintain measles elimination and polio eradication; and achieve rubella, congenital rubella syndrome (CRS) and neonatal tetanus elimination.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
1.2.1	Number of countries with surveillance activities and vaccination to maintain the polio eradication	38/38*	38/38	38/38	38/38
1.2.2	Number of countries that have implemented interventions to achieve rubella and Congenital Rubella Syndrome (CRS) elimination	35/38*	36/38	38/38	38/38

\* Denominator excludes Puerto Rico and the US-Mexico Border

**RER 1.3 Member States supported through technical cooperation to provide access for all populations to interventions for the prevention, control, and elimination of neglected communicable diseases, including zoonotic diseases.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
1.3.1	Number of countries that have eliminated leprosy at national and sub-national levels as a public health concern	16/24*	17/24	19/24	24/24
1.3.2	Number of countries that have eliminated human rabies transmitted by dogs	11	14	16	18
1.3.3	Number of countries that maintain surveillance and preparedness for emerging or re-emerging zoonotic diseases	11	12	19	23
1.3.4	Number of countries with Domiciliary Infestation Index by their main Triatominae vectors lower than 1%	3/21**	11/21	15/21	18/21
1.3.5	Number of countries which have adopted programs or strategies for the surveillance, prevention, control or elimination of the neglected diseases	0	3	7	11

\* Denominator refers to countries where Leprosy is endemic

\*\* Denominator refers to countries where Chagas disease is endemic

**RER 1.4 Member States supported through technical cooperation to enhance their capacity to carry out communicable diseases surveillance and response, as part of a comprehensive surveillance and health information system.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
1.4.1	Number of countries with a surveillance system for all communicable diseases of public health importance for the country	14	16	18	20
1.4.2	Number of countries that submit the joint reporting forms on immunization surveillance and monitoring to the Pan American Sanitary Bureau, in accordance with established timelines	15/38*	18/38	19/38	20/38
1.4.3	Number of countries routinely implementing antimicrobial resistance (AMR) surveillance and interventions for AMR containment, including health care associated infections	17/35**	22/35	24/35	27/35

\* Denominator excludes Puerto Rico and the US-Mexico Border

\*\* Denominator refers to the PAHO Member States (countries of the Americas)



**RER 1.5 Member States supported through technical cooperation to enhance their research capacity and to develop, validate and make available and accessible new knowledge, intervention tools and strategies that meet priority needs for the prevention and control of communicable diseases.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
1.5.1	Number of countries that have implemented operational research in accordance with the research priorities in communicable diseases	0/33*	2/33	3/33	5/33

\* Denominator refers to PAHO Member States excluding USA and Canada

**RER 1.6 Member States supported through technical cooperation to achieve the core capacities required by the International Health Regulations for the establishment and strengthening of alert and response systems for use in epidemics and other public health emergencies of international concern.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
1.6.1	Number of countries that have achieved the core capacities for surveillance and response, in line with their obligations under the International Health Regulations (2005)	0	10	17	25
1.6.2	Number of countries that maintain training programs focusing on the strengthening of outbreak response capacities	16	17	21	23

**RER 1.7 Member States and the international community equipped to detect, contain and effectively respond to major epidemic and pandemic-prone diseases (e.g. influenza, dengue, meningitis, yellow fever, hemorrhagic fevers, plague and smallpox).**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
1.7.1	Number of countries that have national preparedness plans and standard operating procedures in place for rapid response teams against pandemic influenza	17/35*	23/35	31/35	35/35
1.7.2	Number of countries with basic capacity to detect epidemic prone viral pathogens according to the PAHO/WHO's epidemiological surveillance guidelines	2	4	10	12
1.7.3	Number of countries implementing interventions and strategies for dengue control according to PAHO/WHO guidelines	14	19	21	23

\* Denominator refers to the PAHO Member States (countries of the Americas)

**RER 1.8 Regional and Subregional capacity coordinated and made rapidly available to Member States for detection, verification, risk assessment and response to epidemics and other public health emergencies of international concern.**

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
1.8.1	Percentage of public health events of international importance verified in the time recommended by the International Health Regulations	85%	90%	95%	98%

**RER 1.9 Effective operations and response by Member States and international community to declared emergencies situations due to epidemic and pandemic prone diseases.**

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
1.9.1	Percentage of PASB International Health Regulations compliant responses based on requests for support from Member States during emergencies or epidemics	90%	100%	100%	100%

## BUDGET FOR STRATEGIC OBJECTIVE 1

RER	Region-wide Expected Result (RER)	Total Resources
1.1	Member States supported through technical cooperation to maximize equitable access of all people to vaccines of assured quality, including new or underutilized immunization products and technologies; strengthen immunization services; and integrate other essential family and child health interventions with immunization.	18,455,850
1.2	Member States supported through technical cooperation to maintain measles elimination and polio eradication; and achieve rubella, congenital rubella syndrome (CRS) and neonatal tetanus elimination.	8,788,500
1.3	Member States supported through technical cooperation to provide access for all populations to interventions for the prevention, control, and elimination of neglected communicable diseases, including zoonotic diseases.	14,940,450
1.4	Member States supported through technical cooperation to enhance their capacity to carry out communicable diseases surveillance and response, as part of a comprehensive surveillance and health information system.	8,788,500
1.5	Member States supported through technical cooperation to enhance their research capacity and to develop, validate and make available and accessible new knowledge, intervention tools and strategies that meet priority needs for the prevention and control of communicable diseases.	1,757,700
1.6	Member States supported through technical cooperation to achieve the core capacities required by the International Health Regulations for the establishment and strengthening of alert and response systems for use in epidemics and other public health emergencies of international concern.	10,546,200
1.7	Member States and the international community equipped to detect, contain and effectively respond to major epidemic and pandemic-prone diseases (e.g. influenza, dengue, meningitis, yellow fever, hemorrhagic fevers, plague and smallpox).	11,425,050
1.8	Regional and Subregional capacity coordinated and made rapidly available to Member States for detection, verification, risk assessment and response to epidemics and other public health emergencies of international concern.	13,182,750
1.9	Effective operations and response by Member States and international community to declared emergencies situations due to epidemic and pandemic prone diseases.	0
<b>Total Cost for SO1</b>		<b>87,885,000</b>

### Resources breakdown

	2010-2011
Country	35,154,000
Subregional	6,151,950
Regional	46,579,050
<b>Total</b>	<b>87,885,000</b>

## STRATEGIC OBJECTIVE 2

### To combat HIV/AIDS, tuberculosis and malaria

#### Scope

This Strategic Objective (SO) focuses on interventions for the prevention, early detection, treatment and control of HIV/AIDS, sexually transmitted infections (STI), tuberculosis and malaria, including elimination of malaria and congenital syphilis. Emphasis is placed in those interventions that can reduce regional inequities, addressing the needs of vulnerable and most at-risk populations.

#### REGION-WIDE EXPECTED RESULTS

**RER 2.1 Member States supported through technical cooperation for the prevention of, and treatment, support and care for patients with HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, hard-to-reach and vulnerable populations.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
2.1.1	Number of countries that provide prophylactic antiretroviral treatment to at least 80% of the estimated HIV positive pregnant women	9	10	12	17
2.1.2	Number of countries that provide antiretroviral treatment to at least 80% of the population estimated to be in need as per PAHO/WHO guidelines	6	7	12	15
2.1.3	Number of countries implementing components of the Global Malaria Control Strategy, within the context of the Roll Back Malaria initiative and PAHO's Regional Plan for Malaria in the Americas 2006-2010	20	23	28	33
2.1.4	Number of countries detecting 70% of estimated cases of pulmonary tuberculosis through a positive TB smear test	12/27 *	20/27	23/27	26/27
2.1.5	Number of countries with a treatment success rate of 85% for tuberculosis cohort patients	6/27 *	11/27	16/27	23/27
2.1.6	Number of countries that have achieved the regional target for elimination of congenital syphilis	2	7	15	26
2.1.7	Number of countries with quantifiable targets in their health plans for prevention and control of HIV and other sexually transmitted infections	4	6	11	14

\* Denominator refers to countries where tuberculosis is endemic

**RER 2.2 Member States supported through technical cooperation to develop and expand gender-sensitive policies and plans for HIV/AIDS, malaria and TB prevention, support, treatment and care.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
2.2.1	Number of countries with health sector policies and medium-term plans in response to HIV in accordance with the Universal Access Framework	40	40	40	40
2.2.2	Number of countries implementing the WHO 12 collaborative activities against HIV/AIDS and tuberculosis	3	9	20	30

**RER 2.3 Member States supported through technical cooperation to develop and implement policies and programs to improve equitable access to quality essential medicines, diagnostics and other commodities for the prevention and treatment of HIV, tuberculosis and malaria.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
2.3.1	Number of countries implementing WHO revised/updated diagnostic and treatment guidelines on tuberculosis	0/27*	3/27	10/27	14/27
2.3.2	Number of countries that participate in the Strategic Fund mechanism for affordable essential medicines for HIV/AIDS	19	19	20	21
2.3.3	Number of countries implementing quality-assured HIV screening of all donated blood	32	34	37	40

\* Denominator refers to countries where tuberculosis is endemic

**RER 2.4 Regional and national surveillance, monitoring and evaluation systems strengthened and expanded to track progress towards targets and resource allocations for HIV, malaria and tuberculosis control; and to determine the impact of control efforts and the evolution of drug resistance.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
2.4.1	Number of countries reporting HIV surveillance data disaggregated by sex and age to PAHO/WHO	25	27	32	33
2.4.2	Number of countries reporting tuberculosis surveillance data disaggregated by sex and age to PAHO/WHO	27	30	34	37
2.4.3	Number of countries reporting malaria surveillance data disaggregated by sex and age to PAHO/WHO	21/21*	21/21	21/21	21/21
2.4.4	Number of countries reporting HIV drug resistance surveillance data to PAHO/WHO, as per PAHO/WHO guidelines	1	2	7	16
2.4.5	Number of countries reporting tuberculosis drug resistance surveillance data to PAHO/WHO, as per PAHO/WHO guidelines	14/27**	19/27	22/27	27/27
2.4.6	Number of countries reporting malaria drug resistance surveillance data to PAHO/WHO, as per PAHO/WHO guidelines	9/21*	13/21	17/21	20/21

\* Denominator refers to countries where malaria is endemic

\*\* Denominator refers to countries where tuberculosis is endemic

**RER 2.5 Member States supported through technical cooperation to: (a) sustain political commitment and mobilization of resources through advocacy and nurturing of partnerships on HIV, malaria and tuberculosis at country and regional levels; (b) increase the engagement of communities and affected persons to maximize the reach and performance of HIV/AIDS, tuberculosis and malaria control programs.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
2.5.1	Number of countries with functional coordination mechanisms for HIV/AIDS	40	40	40	40
2.5.2	Number of countries with functional coordination mechanisms for tuberculosis	5/27*	8/27	12/27	15/27
2.5.3	Number of countries with functional coordination mechanisms for malaria	21/21**	21/21	21/21	21/21
2.5.4	Maintain the number of countries involving communities, persons affected by the disease, civil-society organizations and the private sector in planning, design, implementation and evaluation of programs against HIV/AIDS	40	40	40	40

\* Denominator refers to countries where tuberculosis is endemic

\*\* Denominator refers to countries where malaria is endemic

**RER 2.6 New knowledge, intervention tools and strategies developed, validated, available, and accessible to meet priority needs for the prevention and control of HIV, tuberculosis and malaria, with Latin American and Caribbean countries increasingly involved in this research.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
2.6.1	Number of new or improved interventions and implementation strategies for tuberculosis whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions	1	2	2	3
2.6.2	Number of new or improved interventions and implementation strategies for malaria whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions	0	1	2	2

## BUDGET FOR STRATEGIC OBJECTIVE 2

RER	Region-wide Expected Result (RER)	Total Resources
2.1	Member States supported through technical cooperation for the prevention of, and treatment, support and care for patients with HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, hard-to-reach and vulnerable populations.	24,018,880
2.2	Member States supported through technical cooperation to develop and expand gender-sensitive policies and plans for HIV/AIDS, malaria and TB prevention, support, treatment and care.	11,258,850
2.3	Member States supported through technical cooperation to develop and implement policies and programs to improve equitable access to quality essential medicines, diagnostics and other commodities for the prevention and treatment of HIV, tuberculosis and malaria.	11,258,850
2.4	Regional and national surveillance, monitoring and evaluation systems strengthened and expanded to track progress towards targets and resource allocations for HIV, malaria and tuberculosis control; and to determine the impact of control efforts and the evolution of drug resistance.	10,508,260
2.5	Member States supported through technical cooperation to: (a) sustain political commitment and mobilization of resources through advocacy and nurturing of partnerships on HIV, malaria and tuberculosis at country and regional levels; (b) increase the engagement of communities and affected persons to maximize the reach and performance of HIV/AIDS, tuberculosis and malaria control programs.	10,508,260
2.6	New knowledge, intervention tools and strategies developed, validated, available, and accessible to meet priority needs for the prevention and control of HIV, tuberculosis and malaria, with Latin American and Caribbean countries increasingly involved in this research.	7,505,900
<b>Total Cost for SO2</b>		<b>75,059,000</b>

### Resources breakdown

	2010-2011
Country	30,023,600
Subregional	5,254,130
Regional	39,781,270
<b>Total</b>	<b>75,059,000</b>

## STRATEGIC OBJECTIVE 3

**To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries**

### Scope

This Strategic Objective (SO) focuses on prevention and reduction of the burden of disease, disabilities, and premature deaths from the major chronic noncommunicable diseases, including cardiovascular diseases, cancer, chronic respiratory diseases, diabetes; hearing and visual impairment; oral diseases; mental disorders (including psychoactive substance use); violence; and injuries, including road traffic injuries.

### REGION-WIDE EXPECTED RESULTS

**RER 3.1 Member States supported through technical cooperation to increase political, financial and technical commitment to address chronic non-communicable conditions, mental and behavioral disorders, violence, road safety, and disabilities.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
3.1.1	Number of countries implementing institutional development mechanisms (human/budget resources, training, inter-sectoral partnerships) related to violence	9	15	20	24
3.1.2	Number of countries implementing institutional development mechanisms (human/financial resources, training, inter-sectoral partnerships) related to mental health	24	27	27	29
3.1.3	Number of countries implementing institutional development mechanisms (human/financial resources, training, inter-sectoral partnerships) related to chronic diseases	21	24	31	38
3.1.4	Number of countries implementing institutional development mechanisms (human/financial resources, training, inter-sectoral partnerships) related to disabilities	10	14	19	24
3.1.5	Number of countries implementing institutional development mechanisms (human/financial resources, training, inter-sectoral partnerships) related to road safety	9	15	18	21



**RER 3.2 Member States supported through technical cooperation for the development and implementation of policies, strategies and regulations regarding chronic non-communicable conditions, mental and behavioral disorders, violence, road safety, disabilities, and oral diseases.**

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
3.2.1	Number of countries implementing a multisectoral national plan to prevent interpersonal and gender based violence aligned with PAHO/WHO Guidelines	15	17	20	23
3.2.2	Number of countries implementing a national plan on disability management and rehabilitation, according to PAHO/WHO guidelines	5	7	16	25
3.2.3	Number of countries implementing a national mental health plan, according to PAHO/WHO guidelines	26	29	29	30
3.2.4	Number of countries implementing a national plan for the prevention and control of chronic non-communicable diseases, according to the PAHO Integrated Chronic Disease Prevention and Control Approach, including Diet and Physical Activity	15	30	32	36
3.2.5	Number of countries implementing a national plan for the prevention of blindness and visual impairment, according to PAHO/WHO guidelines	8	14	21	26
3.2.6	Number of countries implementing a national plan for the prevention of oral diseases, according to PAHO/WHO guidelines	26	28	31	35
3.2.7	Number of countries implementing a multisectoral national plan to prevent road traffic injuries, aligned with PAHO/WHO Guidelines	15	17	20	23

**RER 3.3 Member States supported through technical cooperation to improve capacity to collect, analyze, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions, mental and behavioral disorders, violence, road traffic injuries and disabilities.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
3.3.1	Number of countries that have a national health information system that includes indicators of interpersonal and gender based violence	12	16	18	22
3.3.2	Number of countries that have a national health information system that includes indicators of mental health	8	10	14	20
3.3.3	Number of countries that have a national health information system that includes indicators of disabilities	18	22	23	26
3.3.4	Number of countries that have a national health information system that includes indicators of chronic, non-communicable conditions and their risk factors	14	27	31	33
3.3.5	Number of countries that have a national health information system that includes indicators of road traffic injuries	12	16	18	22

**RER 3.4 Improved evidence compiled by the Bureau on the cost-effectiveness of interventions to address chronic non-communicable conditions, mental and behavioral disorders, violence, road traffic injuries, disabilities, and oral health.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
3.4.1	Number of cost analysis studies on interventions related to mental and neurological disorders	1	2	2	3
3.4.2	Number of countries with cost analysis studies on violence conducted and disseminated	8	10	12	15
3.4.3	Number of countries with cost analysis studies on oral health conducted and disseminated	4	6	8	9
3.4.4	Number of countries with cost analysis studies on chronic non-communicable conditions conducted and disseminated	9	11	14	18
3.4.5	Number of countries with cost analysis studies on road safety conducted and disseminated	6	8	10	12

**RER 3.5 Member States supported through technical cooperation for the preparation and implementation of multisectoral, population-wide programs to promote mental health and road safety and prevent chronic non-communicable conditions, mental and behavioral disorders, violence, and injuries, as well as hearing and visual impairment, including blindness.**

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
3.5.1	Number of countries implementing multisectoral, population-wide programs to prevent of disabilities	5	6	11	15
3.5.2	Number of countries implementing interventions to promote mental health and the prevention of mental disorders and substance abuse	0	5	11	15
3.5.3	Number of countries implementing multisectoral, population-wide programs to promote the prevention of chronic diseases	2	10	21	31

**RER 3.6 Member States supported through technical cooperation to strengthen their health and social systems for the integrated prevention and management of chronic non-communicable conditions, mental and behavioral disorders, violence, road traffic injuries, and disabilities.**

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
3.6.1	Number of countries implementing integrated primary health-care strategies to improve quality of care for chronic non-communicable diseases according to WHO's innovative Care for Chronic Conditions	12	19	24	32
3.6.2	Number of countries with tobacco cessation support incorporated into primary health care services according to the WHO Global Report of the Tobacco Epidemic	4	6	8	9

### BUDGET FOR STRATEGIC OBJECTIVE 3

RER	Region-wide Expected Result (RER)	Total Resources
3.1	Member States supported through technical cooperation to increase political, financial and technical commitment to address chronic non-communicable conditions, mental and behavioral disorders, violence, road safety, and disabilities.	4,791,600
3.2	Member States supported through technical cooperation for the development and implementation of policies, strategies and regulations regarding chronic non-communicable conditions, mental and behavioral disorders, violence, road safety, disabilities, and oral diseases.	9,902,640
3.3	Member States supported through technical cooperation to improve capacity to collect, analyze, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions, mental and behavioral disorders, violence, road traffic injuries and disabilities.	5,111,040
3.4	Improved evidence compiled by the Bureau on the cost-effectiveness of interventions to address chronic non-communicable conditions, mental and behavioral disorders, violence, road traffic injuries, disabilities, and oral health.	2,555,520
3.5	Member States supported through technical cooperation for the preparation and implementation of multisectoral, population-wide programs to promote mental health and road safety and prevent chronic non-communicable conditions, mental and behavioral disorders, violence, and injuries, as well as hearing and visual impairment, including blindness.	5,111,040
3.6	Member States supported through technical cooperation to strengthen their health and social systems for the integrated prevention and management of chronic non-communicable conditions, mental and behavioral disorders, violence, road traffic injuries, and disabilities.	4,472,160
<b>Total Cost for SO3</b>		<b>31,944,000</b>

#### Resources breakdown

	2010-2011
Country	12,777,600
Subregional	2,236,080
Regional	16,930,320
<b>Total</b>	<b>31,944,000</b>

## STRATEGIC OBJECTIVE 4

**To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals**

### Scope

This Strategic Objective (SO) focuses on reduction of mortality and morbidity to improve health during key stages of life, ensuring universal access to coverage with effective interventions for maternal health, newborn, child, young people (adolescents 10-19 and youth 15-24), reproductive age, and older adults, using a life-course approach and addressing equity gaps. Strengthening policies, health systems and primary health care is fundamental to achieving this SO, which contributes to the achievement of Millennium Development Goals 4 (reducing infant mortality), and 5 (improving maternal health).

### REGION-WIDE EXPECTED RESULTS

**RER 4.1 Member States supported through technical cooperation to develop comprehensive policies, plans, and strategies that promote universal access to a continuum of care throughout the life course; to integrate service delivery; and to strengthen coordination with civil society, the private sector and partnerships with UN and Inter-American system agencies and others (e.g. NGOs).**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
4.1.1	Number of countries that have an integrated policy on universal access to effective interventions for improving maternal, newborn and child health	0	2	3	4
4.1.2	Number of countries that have a policy of universal access to sexual and reproductive health	7	11	13	16
4.1.3	Number of countries that have a policy on the promotion of active and healthy aging	11	15	17	18

**RER 4.2 Member States supported through technical cooperation to strengthen national/local capacity to produce new evidence and interventions; and to improve the surveillance and information systems in sexual and reproductive health, and in maternal, neonatal, child, adolescent and older adult health.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
4.2.1	Number of countries that implement information systems and surveillance systems to track sexual and reproductive health, maternal, neonatal and adolescent health, with information disaggregated by age, sex and ethnicity	10	15	17	20
4.2.2	Number of PASB systematic reviews on best practices, operational research, and standards of care	0	5	7	10

**RER 4.3 Member States supported through technical cooperation to reinforce actions that ensure skilled care for every pregnant woman and every newborn, through childbirth and the postpartum and postnatal periods.**

Indicator	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
4.3.1	Number of countries adapting and utilizing PAHO/WHO-endorsed technical and managerial norms and guidelines for increasing coverage with skilled care at birth, including prenatal, post-natal, and newborn care	10	12	19	23

**RER 4.4 Member States supported through technical cooperation to improve neonatal health.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
4.4.1	Number of countries with at least 50% of selected districts implementing interventions for neonatal survival and health	4	6	12	18
4.4.2	Number of guidelines and tools developed and disseminated to improve neonatal care and survival	4	6	6	9

**RER 4.5 Member States supported through technical cooperation to improve child health and development, taking into consideration international agreements.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
4.5.1	Number of countries that have expanded coverage of the integrated management of childhood illness to more than 75% of target districts	8	10	11	13
4.5.2	Number of countries implementing the WHO/PAHO Key Family Practices approach at the community level to strengthen primary health care	9	10	11	13

**RER 4.6 Member States supported through technical cooperation for the implementation of policies and strategies on adolescent health and development.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
4.6.1	Number of countries with a functioning adolescent and youth health and development program <sup>2</sup>	10	12	16	17
4.6.2	Number of countries implementing a comprehensive package of norms and standards to provide adequate health services for young people's health and development (e.g. Integrated Management of Adolescent Needs [IMAN])	3	10	14	15

**RER 4.7 Member States supported through technical cooperation to implement Reproductive Health Strategies to improve prenatal, perinatal, postpartum, and neonatal care, and provide high quality reproductive health services.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
4.7.1	Number of countries that have adopted strategies to provide comprehensive reproductive health care	5	8	11	15
4.7.2	Number of countries that have reviewed public health policies related to sexual and reproductive health	7	10	11	12

**RER 4.8 Member States supported through technical cooperation to increase advocacy for aging as a public health issue, and to maintain maximum functional capacity throughout the life course.**

Indicator	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
4.8.1	Number of countries that have implemented multisectorial community-based programs with a focus on strengthening primary health-care capacity to address healthy aging	5	7	10	12

<sup>2</sup> Functioning National Adolescent and Youth Health Programs, defined as one that is at least 2 years old, has a medium or long-term plan of action that has been implemented in the last year has a person in charge, has an assigned budget

## BUDGET FOR STRATEGIC OBJECTIVE 4

RER	Region-wide Expected Result (RER)	Total Resources
4.1	Member States supported through technical cooperation to develop comprehensive policies, plans, and strategies that promote universal access to a continuum of care throughout the life course; to integrate service delivery; and to strengthen coordination with civil society, the private sector and partnerships with UN and Inter-American system agencies and others (e.g. NGOs).	7,426,400
4.2	Member States supported through technical cooperation to strengthen national/local capacity to produce new evidence and interventions; and to improve the surveillance and information systems in sexual and reproductive health, and in maternal, neonatal, child, adolescent and older adult health.	2,227,920
4.3	Member States supported through technical cooperation to reinforce actions that ensure skilled care for every pregnant woman and every newborn, through childbirth and the postpartum and postnatal periods.	4,084,520
4.4	Member States supported through technical cooperation to improve neonatal health.	4,455,840
4.5	Member States supported through technical cooperation to improve child health and development, taking into consideration international agreements.	4,827,160
4.6	Member States supported through technical cooperation for the implementation of policies and strategies on adolescent health and development.	5,569,800
4.7	Member States supported through technical cooperation to implement Reproductive Health Strategies to improve prenatal, perinatal, postpartum, and neonatal care, and provide high quality reproductive health services.	7,426,400
4.8	Member States supported through technical cooperation to increase advocacy for aging as a public health issue, and to maintain maximum functional capacity throughout the life course.	1,113,960
<b>Total Cost for SO4</b>		<b>37,132,000</b>

### Resources breakdown

	2010-2011
Country	14,852,800
Subregional	2,599,240
Regional	19,679,960
<b>Total</b>	<b>37,132,000</b>



## STRATEGIC OBJECTIVE 5

**To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact**

### Scope

This Strategic Objective is designed to contribute to human well-being, minimizing the negative effects of disasters and other crisis by responding to the health needs of vulnerable populations affected by such events. It focuses on strengthening the institutional capacity of the health sector in preparedness and risk reduction, while promoting an integrated, comprehensive, multisectoral and multidisciplinary approach to reduce the impact of natural, technological or manmade hazards on public health in the Region.

### REGION-WIDE EXPECTED RESULTS

**RER 5.1 Member States and partners supported through technical cooperation for the development and strengthening of emergency preparedness plans and programs at all levels.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
5.1.1	Number of countries that have developed and evaluated disaster preparedness plans for the health sector	23	30	34	35
5.1.2	Number of countries implementing programs for reducing the vulnerability of health infrastructures	9	20	24	30
5.1.3	Number of countries that report having a health disaster program with full time staff and specific budget	10	12	14	15

**RER 5.2 Timely and appropriate support provided to Member States for immediate assistance to populations affected by crisis.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
5.2.1	Number of Regional training programs on emergency response operations	4	6	7	7
5.2.2	Percentage of emergencies where a response to emergencies is initiated within 24 hours of the request	100%	100%	100%	100%

**RER 5.3 Member States supported through technical cooperation for reducing health sector risk in disasters and ensuring the quickest recovery of affected populations.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
5.3.1	Percentage of post-conflict and post-disaster needs assessments conducted that contain a gender-responsive health component	100%	100%	100%	100%
5.3.2	Percentage of humanitarian action plans for complex emergencies and consolidated appeals with strategic and operational components for health included	100%	100%	100%	100%

**RER 5.4 Member States supported through coordinated technical cooperation for strengthening preparedness, recovery and risk reduction in areas such as communicable disease, mental health, health services, food safety, and nuclear radiation.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
5.4.1	Percentage of emergency-affected countries where a comprehensive communicable disease-risk assessment has been conducted and an epidemiological profile and toolkit developed and disseminated to partner agencies	90%	100%	100%	100%
5.4.2	Percentage of emergencies where coordinated technical cooperation (PASB task force) is provided, when needed	100%	100%	100%	100%

**RER 5.5 Member States supported through technical cooperation to strengthen national preparedness and establish alert and response mechanisms for food safety and environmental health emergencies.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
5.5.1	Number of countries with capacity to respond to food safety emergencies	15	19	24	30
5.5.2	Number of countries with national plans for preparedness, and alert and response activities in respect to chemical, radiological and environmental health emergencies	20	24	26	28
5.5.3	Number of countries with focal points for the International Food Safety Authorities Network	28	29	30	32

**RER 5.6 Effective communications issued, partnerships formed and coordination developed with organizations in the United Nations system, governments, local and international nongovernmental organizations, academic institutions and professional associations at the country, regional and global levels.**

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
5.6.1	Percentage of emergencies where the United Nations Health Cluster, as defined by the UN Humanitarian Reform, is operational, if called upon	100%	100%	100%	100%
5.6.2	Number of emergency-related Regional interagency mechanisms and working groups where PAHO/WHO is actively involved	4	8	9	10
5.6.3	Percentage of disasters in which UN and country-originated reports include health information	100%	100%	100%	100%

**RER 5.7 Acute, rehabilitation, and recovery operations implemented in a timely and effective manner, when needed.**

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
5.7.1	Percentage of emergencies for which PAHO/WHO mobilizes national and international resources for operations, when needed	100%	100%	100%	100%
5.7.2	Percentage of recovery operations for which health interventions are implemented, when needed	100%	100%	100%	100%

## BUDGET FOR STRATEGIC OBJECTIVE 5

RER	Region-wide Expected Result (RER)	Total Resources
5.1	Member States and partners supported through technical cooperation for the development and strengthening of emergency preparedness plans and programs at all levels.	16,091,260
5.2	Timely and appropriate support provided to Member States for immediate assistance to populations affected by crisis.	3,498,100
5.3	Member States supported through technical cooperation for reducing health sector risk in disasters and ensuring the quickest recovery of affected populations.	5,247,150
5.4	Member States supported through coordinated technical cooperation for strengthening preparedness, recovery and risk reduction in areas such as communicable disease, mental health, health services, food safety, and nuclear radiation.	2,098,860
5.5	Member States supported through technical cooperation to strengthen national preparedness and establish alert and response mechanisms for food safety and environmental health emergencies.	1,399,240
5.6	Effective communications issued, partnerships formed and coordination developed with organizations in the United Nations system, governments, local and international nongovernmental organizations, academic institutions and professional associations at the country, regional and global levels.	6,646,390
5.7	Acute, rehabilitation, and recovery operations implemented in a timely and effective manner, when needed.	0
<b>Total Cost for SO5</b>		<b>34,981,000</b>

### Resources breakdown

	2010-2011
Country	13,992,400
Subregional	2,448,670
Regional	18,539,930
<b>Total</b>	<b>34,981,000</b>

## STRATEGIC OBJECTIVE 6

**To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions**

### Scope

The work under this Strategic Objective (SO) focuses on integrated, comprehensive, multisectoral and multidisciplinary health promotion and disease prevention strategies to improve public health and well-being; and the development of social and public health policies for the reduction or prevention of the six major risk factors.

### REGION-WIDE EXPECTED RESULTS

**RER 6.1 Member States supported through technical cooperation to strengthen their capacity for health promotion across all relevant programs; and to establish effective multisectoral and multidisciplinary collaborations for promoting health and preventing or reducing major risk factors.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
6.1.1	Number of countries that have health promotion policies and plans with resources allocated	11	15	18	20
6.1.2	Number of countries with Healthy Schools Networks (or equivalent)	7	10	13	15
6.1.3	Number of countries that adopt the PAHO/WHO urban health conceptual framework	0	2	4	5

**RER 6.2 Member States supported through technical cooperation to strengthen national systems for surveillance of major risk factors through development and validation of frameworks, tools and operating procedures and their dissemination.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
6.2.1	Number of countries that have developed a functioning national surveillance system using Pan Am STEPs (Pan American Stepwise approach to chronic disease risk factor surveillance) methodology for regular reports on major health risk factors in adults	6	10	15	20
6.2.2	Number of countries that have developed a functioning national surveillance system using school-based student health survey (Global School Health Survey) and are producing regular reports on major health risk factors in youth	11	15	23	30
6.2.3	Number of countries that have implemented the standardized indicators for chronic diseases and risk factors in the PAHO Regional Core Health Data and Country Profile Initiative	3	8	10	12

**RER 6.3 Member States supported through technical cooperation on evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing tobacco use and related problems.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
6.3.1	Number of countries that have adopted a smoke-free legislation which includes all public places and all workplaces (public and private), consistent with the WHO Framework Convention on Tobacco Control	1	3	5	7
6.3.2	Number of countries that have adopted bans on advertisement, promotion and sponsorship of tobacco products consistent with the WHO Framework Convention on Tobacco Control	0	2	3	4
6.3.3	Number of countries with regulations on packaging and labeling of tobacco products consistent with the WHO Framework Convention on Tobacco Control	8	10	17	23
6.3.4	Number of countries that have updated at least one of the components of the Global Tobacco Surveillance System (GTSS)	9	20	28	35

**RER 6.4 Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing alcohol, drugs and other psycho-active substance use and related problems.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
6.4.1	Number of countries that have implemented policies, plans, or programs for preventing public health problems caused by alcohol, drugs and other psychoactive substance use	11	13	16	20

**RER 6.5 Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing unhealthy diets and physical inactivity, and related problems.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
6.5.1	Number of countries that have implemented national policies to promote healthy diet and physical activity according to PAHO/WHO guidelines	8	10	15	20
6.5.2	Number of countries that have created pedestrian and bike-friendly environments, as well as physical activity promotion programs in at least one of their major cities	7	10	13	18

**RER 6.6 Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for promoting safer sex.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
6.6.1	Number of countries that have implemented new or improved interventions at individual, family and community levels to promote safer sexual behaviors	7	9	10	11

## BUDGET FOR STRATEGIC OBJECTIVE 6

RER	Region-wide Expected Result (RER)	Total Resources
6.1	Member States supported through technical cooperation to strengthen their capacity for health promotion across all relevant programs; and to establish effective multisectoral and multidisciplinary collaborations for promoting health and preventing or reducing major risk factors.	3,192,400
6.2	Member States supported through technical cooperation to strengthen national systems for surveillance of major risk factors through development and validation of frameworks, tools and operating procedures and their dissemination.	2,553,920
6.3	Member States supported through technical cooperation on evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing tobacco use and related problems.	2,553,920
6.4	Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing alcohol, drugs and other psycho-active substance use and related problems.	2,553,920
6.5	Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing unhealthy diets and physical inactivity, and related problems.	2,553,920
6.6	Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for promoting safer sex.	2,553,920
<b>Total Cost for SO6</b>		<b>15,962,000</b>

### Resources breakdown

	2010-2011
Country	6,384,800
Subregional	1,117,340
Regional	8,459,860
<b>Total</b>	<b>15,962,000</b>



## STRATEGIC OBJECTIVE 7

**To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches**

### Scope

This Strategic Objective focuses on the development and promotion of intersectoral action on the social and economic determinants of health, understood as the improvement of health equity by addressing the needs of poor, vulnerable and excluded social groups. This understanding highlights the connections between health and social and economic factors such as income, education, housing, labor, and social status.

### REGION-WIDE EXPECTED RESULTS

**RER 7.1 Significance of determinants of health and social policies recognized throughout the Organization and incorporated into normative work and technical cooperation with Member States and other partners.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
7.1.1	Number of countries that have implemented a national strategy for addressing key policy recommendations of the Commission on the Social Determinants of Health	0	4	10	12

**RER 7.2 Initiative taken by PAHO/WHO in providing opportunities and means for intersectoral collaboration at national and international levels in order to address social and economic determinants of health and to encourage poverty-reduction and sustainable development.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
7.2.1	Number of published country experiences on tackling social determinants for health equity	6	8	10	12
7.2.2	Number of countries implementing at least one systematized intervention for the most vulnerable communities, as defined by the PASB's MDGs Cross-Organizational Team	0	0	6	12
7.2.3	Number of countries which have implemented the "Faces, Voices and Places" initiative	6	12	13	15

**RER 7.3 Social and economic data relevant to health collated and analyzed on a disaggregated basis (by sex, age, ethnicity, income, and health conditions, such as disease or disability).**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
7.3.1	Number of countries that have published reports incorporating disaggregated health data at sub national level to analyze and evaluate health equity	2	4	6	9

**RER 7.4 Ethics- and human rights-based approaches to health promoted within PAHO/WHO and at national, regional and global levels.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
7.4.1	Number of countries using: 1) international and regional human rights norms and standards; and 2) human rights tools and technical guidance documents produced by PAHO/WHO to review and/or formulate national laws, policies and/or plans that advance health and reduce gaps in health equity and discrimination	9	10	11	18

**RER 7.5 Gender analysis and responsive actions incorporated into PAHO/WHO's normative work and technical cooperation provided to Member States for formulation of gender sensitive policies and programs.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
7.5.1	Number of countries that are implementing plans for advancing gender in the health sector	0	6	12	18
7.5.2	Number of tools and guidance documents developed or updated by PASB to include gender equality in health analysis, programming, monitoring, or research	8	15	22	28
7.5.3	Number of PASB entities that include gender perspectives in their situation analysis, plans, or monitoring mechanisms	3	10	15	20

**RER 7.6 Member States supported through technical cooperation to develop policies, plans and programs that apply an intercultural approach based on primary health care and that seek to establish strategic alliances with relevant stakeholders and partners to improve the health and well-being of indigenous peoples and racial/ethnic groups.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
7.6.1	Number of countries that implement policies, plans or programs to improve the health of indigenous peoples	3/21*	9/21	12/21	19/21
7.6.2	Number of countries that include ethnic variables within their health information systems	3	9	13	15
7.6.3	Number of countries that implement policies, plans or programs to improve the health of specific ethnic/racial groups	10	12	14	16

\* Denominators refers to countries with significant indigenous population

## BUDGET FOR STRATEGIC OBJECTIVE 7

RER	Region-wide Expected Result (RER)	Total Resources
7.1	Significance of determinants of health and social policies recognized throughout the Organization and incorporated into normative work and technical cooperation with Member States and other partners.	3,772,800
7.2	Initiative taken by PAHO/WHO in providing opportunities and means for intersectoral collaboration at national and international levels in order to address social and economic determinants of health and to encourage poverty-reduction and sustainable development.	4,192,000
7.3	Social and economic data relevant to health collated and analyzed on a disaggregated basis (by sex, age, ethnicity, income, and health conditions, such as disease or disability).	2,934,400
7.4	Ethics- and human rights-based approaches to health promoted within PAHO/WHO and at national, regional and global levels.	3,353,600
7.5	Gender analysis and responsive actions incorporated into PAHO/WHO's normative work and technical cooperation provided to Member States for formulation of gender sensitive policies and programs.	3,353,600
7.6	Member States supported through technical cooperation to develop policies, plans and programs that apply an intercultural approach based on primary health care and that seek to establish strategic alliances with relevant stakeholders and partners to improve the health and well-being of indigenous peoples and racial/ethnic groups.	3,353,600
<b>Total Cost for SO7</b>		<b>20,960,000</b>

### Resources breakdown

	2010-2011
Country	8,384,000
Subregional	1,467,200
Regional	11,108,800
<b>Total</b>	<b>20,960,000</b>

## STRATEGIC OBJECTIVE 8

**To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health**

### Scope

The work under this Strategic Objective (SO) focuses on achieving safe, sustainable, and health-enhancing human environments—protected from social, occupational, biological, chemical, and physical hazards—and promoting human security and environmental justice to mitigate the effects of global and local threats.

### REGION-WIDE EXPECTED RESULTS

**RER 8.1 Evidence-based assessments, norms and guidance on priority environmental health risks (e.g., air quality, chemical substances, electro-magnetic fields (EMF), radon, drinking water, waste water re-use) disseminated.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
8.1.1	Number of new or updated risk assessments or environmental burden of disease (EBD) assessments conducted per year	2	3	4	7
8.1.2	Number of international environmental agreements whose implementation is supported by PASB	5	5	5	6
8.1.3	Number of countries implementing WHO norms, standards or guidelines on occupational or environmental health	13	18	21	24
8.1.4	Number of countries implementing WHO guidelines on drinking water towards MDG 7	6	8	11	14

**RER 8.2 Member States supported through technical cooperation for the implementation of primary prevention interventions that reduce environmental health risks; enhance safety; and promote public health, including in specific settings and among vulnerable population groups (e.g. children, older adults).**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
8.2.1	Number of countries implementing primary prevention interventions for reducing environmental risks to health in workplaces, homes or urban settings	4	7	8	10

**RER 8.3 Member States supported through technical cooperation to strengthen occupational and environmental health policy-making, planning of preventive interventions, service delivery and surveillance.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
8.3.1	Number of countries receiving technical and logistical support for developing and implementing policies for strengthening the delivery of occupational and environmental health services and surveillance	10	15	17	20
8.3.2	Number of national organizations or collaborating or reference centers implementing PAHO/WHO-led initiatives at country level to reduce occupational risks	2	4	5	6

**RER 8.4 Guidance, tools, and initiatives created to support the health sector to influence policies in priority sectors (e.g. energy, transport, agriculture), assess health impacts, determine costs and benefits of policy alternatives in those sectors, and harness non-health sector investments to improve health.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
8.4.1	Number of regional, subregional and national initiatives implemented in other sectors that take health into account, using PASB technical and logistical support	2	3	3	4
8.4.2	Number of PAHO/WHO guidelines and tools produced inter-sectorally for global environmental health protection	0	2	3	4

**RER 8.5 Health sector leadership enhanced to promote a healthier environment and influence public policies in all sectors to address the root causes of environmental threats to health, by responding to emerging and re-emerging environmental health concerns from development, evolving technologies, other global environmental changes, and consumption and production patterns.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
8.5.1	Number of regular high-level fora on health and environment for regional policymakers and stakeholders supported by PASB	1	2	3	4
8.5.2	Number of current PASB five-year reports on environmental health available, including key health drivers and trends, and their implications	1	1	1	2

**RER 8.6 Member States supported through technical cooperation to develop evidence-based policies, strategies and recommendations for identifying, preventing and tackling public health problems resulting from climate change.**

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
8.6.1	Number of studies or reports on the public health effects of climate change published or copublished by PAHO or peer reviewed publications of authors/institutions based in Latin America and the Caribbean	N/A	0	1	2
8.6.2	Number of countries that have implemented plans to enable the health sector to respond to the health effects of climate change	N/A	0	3	5

## BUDGET FOR STRATEGIC OBJECTIVE 8

RER	Region-wide Expected Result (RER)	Total Resources
8.1	Evidence-based assessments, norms and guidance on priority environmental health risks (e.g., air quality, chemical substances, electro-magnetic fields (EMF), radon, drinking water, waste water re-use) disseminated.	2,992,080
8.2	Member States supported through technical cooperation for the implementation of primary prevention interventions that reduce environmental health risks; enhance safety; and promote public health, including in specific settings and among vulnerable population groups (e.g. children, older adults).	4,488,120
8.3	Member States supported through technical cooperation to strengthen occupational and environmental health policy-making, planning of preventive interventions, service delivery and surveillance.	3,740,100
8.4	Guidance, tools, and initiatives created to support the health sector to influence policies in priority sectors (e.g. energy, transport, agriculture), assess health impacts, determine costs and benefits of policy alternatives in those sectors, and harness non-health sector investments to improve health.	3,740,100
8.5	Health sector leadership enhanced to promote a healthier environment and influence public policies in all sectors to address the root causes of environmental threats to health, by responding to emerging and re-emerging environmental health concerns from development, evolving technologies, other global environmental changes, and consumption and production patterns.	4,986,800
8.6	Member States supported through technical cooperation to develop evidence-based policies, strategies and recommendations for identifying, preventing and tackling public health problems resulting from climate change.	4,986,800
<b>Total Cost for SO8</b>		<b>24,934,000</b>

### Resources breakdown

	2010-2011
Country	9,973,600
Subregional	1,745,380
Regional	13,215,020
<b>Total</b>	<b>24,934,000</b>

## STRATEGIC OBJECTIVE 9

**To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development**

### Scope

The work under this Strategic Objective (SO) focuses on improving nutrition and health throughout the life course, especially among the poor and other vulnerable groups, and achieving sustainable development in line with the Millennium Development Goals. The SO addresses food safety (ensuring that chemical, microbiological, zoonotic and other hazards do not pose a risk to health) as well as food security (access and availability of appropriate food).

### REGION-WIDE EXPECTED RESULTS

**RER 9.1 Partnerships and alliances formed, leadership built and coordination and networking developed with all stakeholders at country, regional and global levels, to promote advocacy and communication, stimulate intersectoral actions, and increase investment in nutrition, food safety and food security.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
9.1.1	Number of countries that have coordination mechanisms to promote intersectoral approaches and actions in the area of food safety, food security and nutrition	18	23	26	30
9.1.2	Number of countries that have implemented nutrition, food-safety and food security interventions	10	15	20	25

**RER 9.2 Member States supported through technical cooperation to increase their capacity to assess and respond to all forms of malnutrition, and zoonotic and non-zoonotic foodborne diseases, and to promote healthy dietary practices.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
9.2.1	Number of countries implementing nutrition and food safety norms, and guidelines according to global and regional mandates	15	20	25	30



**RER 9.3 Monitoring and surveillance of needs, and assessment and evaluation of responses in the area of food security, nutrition and diet-related chronic diseases strengthened, and ability to identify suitable policy options improved.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
9.3.1	Number of countries that have adopted and implemented the WHO Child Growth Standards	0	16	20	25
9.3.2	Number of countries that have nationally representative surveillance data on one major form of malnutrition	12	15	20	22
9.3.3	Number of countries that produce evidence based information in nutrition and food security	11	15	20	22

**RER 9.4 Member States supported through technical cooperation for the development, strengthening and implementation of nutrition plans and programs aimed at improving nutrition throughout the life-course, in stable and emergency situations.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
9.4.1	Number of countries that have implemented at least 3 high-priority actions recommended by the Global Strategy for Infant and Young Child Feeding	5	12	17	20
9.4.2	Number of countries that have implemented strategies to prevent and control micronutrient malnutrition	11	16	21	25
9.4.3	Number of countries that have developed national programs that implement strategies for promotion of healthy dietary practices in order to prevent diet-related chronic diseases	11	16	19	25
9.4.4	Number of countries that have incorporated nutritional interventions in their comprehensive response programs for HIV/AIDS and other epidemics	11	14	20	25
9.4.5	Number of countries that have national preparedness and response plans for food and nutrition emergencies	11	16	20	25

**RER 9.5 Zoonotic and non-zoonotic foodborne diseases, and foot-and-mouth disease surveillance, prevention and control systems strengthened and food hazard monitoring programs established.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
9.5.1	Number of countries that have established or strengthened intersectoral collaboration for the prevention, control and surveillance of foodborne diseases	16	21	23	30
9.5.2	Number of South American countries that have achieved at least 75% of the Hemispheric Foot-and-mouth Disease Eradication Plan objectives	4/11*	6/11	9/11	11/11

*\* Denominator refers to countries where Foot-and-Mouth Disease is endemic*

**RER 9.6 Technical cooperation provided to National Codex Alimentarius Committees and the Codex Commission of Latin America and the Caribbean.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
9.6.1	Number of countries adopting Codex Alimentarius Meetings' resolutions	40	40	40	40

## BUDGET FOR STRATEGIC OBJECTIVE 9

RER	Region-wide Expected Result (RER)	Total Resources
9.1	Partnerships and alliances formed, leadership built and coordination and networking developed with all stakeholders at country, regional and global levels, to promote advocacy and communication, stimulate intersectoral actions, and increase investment in nutrition, food safety and food security.	4,397,610
9.2	Member States supported through technical cooperation to increase their capacity to assess and respond to all forms of malnutrition, and zoonotic and non-zoonotic foodborne diseases, and to promote healthy dietary practices.	3,978,790
9.3	Monitoring and surveillance of needs, and assessment and evaluation of responses in the area of food security, nutrition and diet-related chronic diseases strengthened, and ability to identify suitable policy options improved.	2,512,920
9.4	Member States supported through technical cooperation for the development, strengthening and implementation of nutrition plans and programs aimed at improving nutrition throughout the life-course, in stable and emergency situations.	5,235,250
9.5	Zoonotic and non-zoonotic foodborne diseases, and foot-and-mouth disease surveillance, prevention and control systems strengthened and food hazard monitoring programs established.	4,397,610
9.6	Technical cooperation provided to National Codex Alimentarius Committees and the Codex Commission of Latin America and the Caribbean.	418,820
<b>Total Cost for SO9</b>		<b>20,941,000</b>

### Resources breakdown

	2010-2011
Country	8,376,400
Subregional	1,465,870
Regional	11,098,730
<b>Total</b>	<b>20,941,000</b>

## STRATEGIC OBJECTIVE 10

### To improve the organization, management and delivery of health services

#### Scope

This Strategic Objective (SO) focuses on strengthening health services to provide equitable and quality health care for all people in the Americas, especially the neediest populations. The Regional Declaration on the New Orientations for Primary Health Care and PAHO's position paper on Renewing Primary Health Care in the Americas (CD46/13, 2005) provide the framework to strengthen the health care systems of the countries in the Americas.

#### REGION-WIDE EXPECTED RESULTS

**RER 10.1 Member States supported through technical cooperation to strengthen health systems based on Primary Health Care, promoting equitable access to health services of good quality, with priority given to vulnerable population groups.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
10.1.1	Number of countries that document the strengthening of their health systems based on Primary Health Care, in accordance with the Declaration of Montevideo and PAHO/WHO's Position Paper	14	18	21	23
10.1.2	Number of countries that show improvement in the performance of the steering role as measured by the assessment of Essential Public Health Functions	3	8	11	14
10.1.3	Number of countries that integrate an intercultural approach in the development of policies and health systems based on PHC	0	3	5	8
10.1.4	Number of countries that use the Renewed Primary Health Care strategy in their population-based programs and priority disease control initiatives	0	0	6	12

**RER 10.2 Member States supported through technical cooperation to strengthen organizational and managerial practices in health services' institutions and networks, to improve performance and to achieve collaboration and synergy between public and private providers.**

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
10.2.1	Number of countries that have implemented strategies to strengthen health services management	3	14	17	20
10.2.2	Number of countries that have adopted PAHO/WHO policy recommendations to integrate health services networks, including public and non-public providers	3	8	10	13

**RER 10.3 Member States supported through technical cooperation to strengthen programs for the improvement of quality of care and patient safety.**

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
10.3.1	Number of countries that show progress in programs for the improvement of quality of care, including patient safety	11	19	22	24

## BUDGET FOR STRATEGIC OBJECTIVE 10

RER	Region-wide Expected Result (RER)	Total Resources
10.1	Member States supported through technical cooperation to strengthen health systems based on Primary Health Care, promoting equitable access to health services of good quality, with priority given to vulnerable population groups.	23,976,000
10.2	Member States supported through technical cooperation to strengthen organizational and managerial practices in health services' institutions and networks, to improve performance and to achieve collaboration and synergy between public and private providers.	11,988,000
10.3	Member States supported through technical cooperation to strengthen programs for the improvement of quality of care and patient safety.	3,996,000
<b>Total Cost for SO10</b>		<b>39,960,000</b>

### Resources breakdown

	<b>2010-2011</b>
Country	15,984,000
Subregional	2,797,200
Regional	21,178,800
<b>Total</b>	<b>39,960,000</b>

## STRATEGIC OBJECTIVE 11

### To strengthen leadership, governance and the evidence base of health systems

#### Scope

This strategic objective aims at improving the leadership and governance of the health sector and the capacity of the national health authority to exercise its steering role, which includes policy making, regulation, and performance of the essential public health functions. Paramount to the achievement of this objective is the improvement of national health systems and the production of quality data, information and knowledge for planning and decision-making.

#### REGION-WIDE EXPECTED RESULTS

**RER 11.1 Member States supported through technical cooperation to strengthen the capacity of the national health authority to perform its steering role; improving policy analysis, formulation, regulation, strategic planning, implementation of health system changes; and enhancing intersectoral and inter-institutional coordination at the national and local levels.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
11.1.1	Number of countries that have updated their legislations and regulatory frameworks	5	8	10	12
11.1.2	Number of countries that have formulated policies, mid-term and long-term plans or defined national health objectives	9	17	29	35

**RER 11.2 Member States supported through technical cooperation for improving health information systems at regional and national levels.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
11.2.1	Number of countries that have implemented processes to strengthen the quality and coverage of their health information systems	3	7	10	15
11.2.2	Number of countries that have implemented the PAHO Regional Core Health Data	9	16	19	27

**RER 11.3 Member States supported through technical cooperation to increase equitable access to, and dissemination and utilization of, health-relevant information, knowledge and scientific evidence for decision-making.**

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
11.3.1	Number of countries that update their health situation analysis at least every two years	5	7	9	10
11.3.2	Number of countries that participate in initiatives tending to strengthen the appropriation, production and use of results from research to inform in policies and practices	0	3	6	8
11.3.3	Number of countries that have access to essential scientific information and knowledge as measured by access to Virtual Health Libraries (VHL) at national and regional levels	10	15	21	25
11.3.4	Number of countries monitoring the health related Millennium Development Goals	23	25	34	36

**RER 11.4 Member States supported through technical cooperation for facilitating the generation and transfer of knowledge in priority areas, including public health and health systems research, and ensuring that the products meet WHO ethical standards.**

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
11.4.1	Number of countries that have a national health research system with the characteristics (indicators) defined by PAHO	0	2	4	5
11.4.2	Number of countries with national commissions aimed at monitoring compliance with ethical standards in scientific research	12	15	18	20



**RER 11.5 PAHO is the authoritative source and broker of evidence-based public health information and knowledge, providing essential health knowledge and advocacy material to Member States, health partners and other stakeholders.**

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
11.5.1	Number of hits to PAHO's web page	20 million	30 million	35 million	40 million
11.5.2	Maintain the number of countries that have access to evidence-based, health information and advocacy material for the effective delivery of health programs as reflected in the country cooperation strategies	33	33	33	33
11.5.3	PAHO Regional Information Platform created, integrating all the PASB technical health databases and information from health and development partners	Core data and MAPIS	Integration of all PASB technical health databases	Integration of health and development partners information	Platform created and fully operative
11.5.4	Number of Communities of Practice established and in use in the PASB entities	2	10	15	20

## BUDGET FOR STRATEGIC OBJECTIVE 11

RER	Region-wide Expected Result (RER)	Total Resources
11.1	Member States supported through technical cooperation to strengthen the capacity of the national health authority to perform its steering role; improving policy analysis, formulation, regulation, strategic planning, implementation of health system changes; and enhancing intersectoral and inter-institutional coordination at the national and local levels.	5,141,040
11.2	Member States supported through technical cooperation for improving health information systems at regional and national levels.	6,854,720
11.3	Member States supported through technical cooperation to increase equitable access to, and dissemination and utilization of, health-relevant information, knowledge and scientific evidence for decision-making.	14,994,700
11.4	Member States supported through technical cooperation for facilitating the generation and transfer of knowledge in priority areas, including public health and health systems research, and ensuring that the products meet WHO ethical standards.	1,713,680
11.5	PAHO is the authoritative source and broker of evidence-based public health information and knowledge, providing essential health knowledge and advocacy material to Member States, health partners and other stakeholders.	14,137,860
<b>Total Cost for SO11</b>		<b>42,842,000</b>

### Resources breakdown

	2010-2011
Country	17,136,800
Subregional	2,998,940
Regional	22,706,260
<b>Total</b>	<b>42,842,000</b>

## STRATEGIC OBJECTIVE 12

### To ensure improved access, quality and use of medical products and technologies

#### Scope

Medical products include chemical and biological medicines, vaccines, blood and blood products, cells and tissues mostly of human origin, biotechnology products, traditional medicines and medical devices. Technologies include, among others, those for diagnostic testing, imaging, radiotherapy and laboratory testing. The work under this Strategic Objective (SO) will focus on more equitable access (as measured by availability, price and affordability) to essential medical products and technologies of assured quality, safety, efficacy and cost-effectiveness, and on their sound and cost-effective use.

#### REGION-WIDE EXPECTED RESULTS

##### RER 12.1 Member States supported through technical cooperation to promote and assure an equitable access to medical products and health technologies and the corresponding technological innovation.

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
12.1.1	Number of countries that have implemented policies promoting the access to, or technological innovation for medical products	17/36*	23/36	25/36	27/36
12.1.2	Number of countries that have established or strengthened their national systems of procurement, production or distribution of medical products	15/36*	18/36	21/36	24/36
12.1.3	Number of countries with 100% voluntary non-remunerated blood donations	8	10	12	17
12.1.4	Number of countries that have tools to evaluate access to health technologies	5	10	15	20
12.1.5	Number of countries using the PAHO Strategic Fund of Essential Public Health Supplies	10	11	15	18

\* Denominator excludes USA, Canada, Puerto Rico and the US-Mexico border

**RER 12.2 Member States supported through technical cooperation to promote and assure the quality, safety and efficacy of medical products and health technologies.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
12.2.1	Number of countries evaluated in their regulatory functions for medical products	0	3	9	13
12.2.2	Number of countries that have implemented international rules, norms, standards or guidelines on quality, safety and efficacy of health technologies	4	7	10	14

**RER 12.3 Member States supported through technical cooperation to promote and assure the rational and efficacious use of cost-effective medical products and health technologies based on the best evidence available.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
12.3.1	Number of countries that have norms to define the incorporation of health technologies	11/36*	14/36	17/36	20/36
12.3.2	Number of countries that use a list of essential medicines updated within the last five years as the basis for public procurement	19	24	27	28

\* Denominator excludes USA, Canada, Puerto Rico and the US-Mexico border

## BUDGET FOR STRATEGIC OBJECTIVE 12

RER	Region-wide Expected Result (RER)	Total Resources
12.1	Member States supported through technical cooperation to promote and assure an equitable access to medical products and health technologies and the corresponding technological innovation.	10,619,280
12.2	Member States supported through technical cooperation to promote and assure the quality, safety and efficacy of medical products and health technologies.	5,309,640
12.3	Member States supported through technical cooperation to promote and assure the rational and efficacious use of cost-effective medical products and health technologies based on the best evidence available.	3,034,080
<b>Total Cost for SO12</b>		<b>18,963,000</b>

### Resources breakdown

	2010-2011
Country	7,585,200
Subregional	1,327,410
Regional	10,050,390
<b>Total</b>	<b>18,963,000</b>

## STRATEGIC OBJECTIVE 13

**To ensure an available, competent, responsive and productive health workforce to improve health outcomes**

### Scope

The challenges of the Health Agenda for the Americas, the Toronto Call to Action (2005), the frame of reference for developing national and subregional plans and the regional strategy for the Decade of Human Resources in Health (2006-2015) guide the work under this Strategic Objective. It addresses the different components of the field of human resource development, management operations and regulation, and the different stages of workforce development — entry, working life and exit — focusing on developing national workforce plans and strategies.

### REGION-WIDE EXPECTED RESULTS

**RER 13.1 Member States supported through technical cooperation to develop human resources plans and policies to improve the performance of health systems based on primary health care and the achievement of the Millennium Development Goals (MDGs).**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
13.1.1	Number of countries with national policies for strengthening the health workforce, with active participation of stakeholders and governments.	12	16	19	28
13.1.2	Number of countries with horizontal cooperation processes for the fulfillment of regional goals in human resources in health	2	3	4	6

**RER 13.2 Member States supported through technical cooperation to establish a set of basic indicators and information systems on human resources for health.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
13.2.1	Number of countries that have established a database to monitor situations and trends of the health workforce, updated at least every two years	10	18	23	29
13.2.2	Number of countries participating in the Human Resources for health Observatories network for the production of information and evidence for decision making	18	29	31	36

**RER 13.3 Member States supported through technical cooperation to formulate and implement strategies and incentives to recruit and retain health personnel in order to attend to the needs of health systems based on renewed primary health care.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
13.3.1	Number of countries that have established a career path policy for health workers	4	7	10	14
13.3.2	Number of countries with human resources management policies and systems to improve the quality of employment in the health sector	4	9	13	17

**RER 13.4 Member States supported through technical cooperation to strengthen education systems and strategies at the national level, with a view to develop and maintain health workers' competencies, centered on Primary Health Care.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
13.4.1	Number of countries with joint planning mechanisms between training institutions and health services organizations	4	10	15	23
13.4.2	Number of countries with policies that reorient health sciences education towards primary health care	4	7	10	13
13.4.3	Number of countries that have established learning networks to improve the public health competencies of their staff	5	9	12	15
13.4.4	Number of countries participating in the PAHO leaders in international health program	0	18	25	25
13.4.5	Number of countries with accreditation systems for health sciences education programs	13	0	16	20

**RER 13.5 Member States supported with technical cooperation regarding the international migration of health workers.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
13.5.1	Number of countries that analyze and monitor the dynamics of health worker migration	5	10	15	20
13.5.2	Number of countries that participate in bilateral or multilateral agreements that address health worker migration	4	7	10	16

### BUDGET FOR STRATEGIC OBJECTIVE 13

RER	Region-wide Expected Result (RER)	Total Resources
13.1	Member States supported through technical cooperation to develop human resources plans and policies to improve the performance of health systems based on primary health care and the achievement of the Millennium Development Goals (MDGs).	5,986,200
13.2	Member States supported through technical cooperation to establish a set of basic indicators and information systems on human resources for health.	1,995,400
13.3	Member States supported through technical cooperation to formulate and implement strategies and incentives to recruit and retain health personnel in order to attend to the needs of health systems based on renewed primary health care.	1,995,400
13.4	Member States supported through technical cooperation to strengthen education systems and strategies at the national level, with a view to develop and maintain health workers' competencies, centered on Primary Health Care.	7,981,600
13.5	Member States supported with technical cooperation regarding the international migration of health workers.	1,995,400
<b>Total Cost for SO13</b>		<b>19,954,000</b>

#### Resources breakdown

	2010-2011
Country	7,981,600
Subregional	1,396,780
Regional	10,575,620
<b>Total</b>	<b>19,954,000</b>



## STRATEGIC OBJECTIVE 14

**To extend social protection through fair, adequate and sustainable financing**

### Scope

This Strategic Objective (SO) will focus on sustainable collective financing of the health system and social protection, and safeguarding households against catastrophic health expenditures. The principles set out in resolution WHA58.33 and PAHO Resolution CSP26.R19 in 2002, "Extension of Social Protection in Health: Joint PAHO-ILO Initiative," will guide this SO.

### REGION-WIDE EXPECTED RESULTS

**RER 14.1 Member States supported through technical cooperation to develop institutional capacities to improve the financing of their health systems.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
14.1.1	Number of countries with institutional development plans to improve the performance of financing mechanisms	7	10	12	15

**RER 14.2 Member States supported through technical cooperation to evaluate the relationship between catastrophic expenses in health and poverty; and to design public policies or financing schemes in health to reduce the financial risks associated with diseases and accidents.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
14.2.1	Number of completed country studies applying the PAHO evaluation framework to assess household capacity to meet health expenditures	0	3	5	7
14.2.2	Number of countries with studies on catastrophic expenses in health, poverty and inequalities	1	1	3	6
14.2.3	Number of countries with public policies or financing schemes for the reduction or elimination of the financial risk associated with diseases and accidents	2	2	4	8

**RER 14.3 Technical cooperation provided to Member States in the development and use of national health expenditure and health system financing information.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
14.3.1	Number of countries reporting up-to-date information on financing and health expenditure to the Regional-PAHO Core Data Initiative and the Statistical Annex of WHR/WHO	24/35*	31/35	33/35	35/35
14.3.2	Number of countries that have institutionalized the periodic production of Health Accounts/National Health Accounts harmonized with the UN statistical system	3	16	21	24
14.3.3	Number of countries with studies on expenditure and financing of public health systems or social health insurance	0	0	10	15

\* Denominator refers to PAHO Member States only (countries of the Americas)

**RER 14.4 Member States supported through technical cooperation to reduce social exclusion, extend social protection in health, strengthen public and social insurance, and improve programs and strategies to expand coverage.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
14.4.1	Number of countries with insurance schemes and other mechanisms to expand social protection in health	8	10	11	12
14.4.2	Number of countries with updated information to formulate policies for the expansion of social protection in health	11	13	15	16

**RER 14.5 Member States supported through technical cooperation to align and harmonize international health cooperation.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
14.5.1	Number of countries that show improvement in levels of harmonization and alignment of international health cooperation, as measured by internationally agreed standards and instruments	3	5	7	8

**BUDGET FOR STRATEGIC OBJECTIVE 14**

<b>RER</b>	<b>Region-wide Expected Result (RER)</b>	<b>Total Resources</b>
14.1	Member States supported through technical cooperation to develop institutional capacities to improve the financing of their health systems.	3,082,200
14.2	Member States supported through technical cooperation to evaluate the relationship between catastrophic expenses in health and poverty; and to design public policies or financing schemes in health to reduce the financial risks associated with diseases and accidents	1,027,400
14.3	Technical cooperation provided to Member States in the development and use of national health expenditure and health system financing information.	1,027,400
14.4	Member States supported through technical cooperation to reduce social exclusion, extend social protection in health, strengthen public and social insurance, and improve programs and strategies to expand coverage.	4,828,780
14.5	Member States supported through technical cooperation to align and harmonize international health cooperation.	308,220
<b>Total Cost for SO14</b>		<b>10,274,000</b>

**Resources breakdown**

	<b>2010-2011</b>
Country	4,109,600
Subregional	719,180
Regional	5,445,220
<b>Total</b>	<b>10,274,000</b>

## STRATEGIC OBJECTIVE 15

**To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas**

### Scope

This Strategic Objective (SO) facilitates the work of the PASB in order to ensure the achievement of all other SOs. This objective covers three broad, complementary areas: (1) leadership and governance of the Organization; (2) the PASB's support to the Member States through its presence in the countries, and its engagement with each of them, the United Nations and Inter-American Systems, and other stakeholders; and (3) the Organization's role in mobilizing the collective energy and the experience of Member States and other actors to influence health issues of global, regional and subregional importance.

### REGION-WIDE EXPECTED RESULTS

**RER 15.1 Effective leadership and direction of the Organization exercised through the enhancement of governance, and the coherence, accountability and synergy of PAHO/WHO's work to fulfill its mandate in advancing the global, regional, subregional and national health agendas.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
15.1.1	Percentage of PAHO Governing Bodies resolutions adopted that focus on health policy and strategies	40%	45%	50%	55%
15.1.2	Percentage of all oversight projects completed which evaluate and improve processes for risk management, control and governance	0%	40%	70%	90%
15.1.3	Number of PASB entities implementing leadership and management initiatives (coordination and negotiation of technical cooperation with partners, technical cooperation among countries [TCC], advocacy for the PAHO/WHO mission, and Biennial Workplans, and reports) on time and within budget	43/69*	57/69	61/69	69/69
15.1.4	Percentage of Governing Bodies and Member States legal inquiries addressed within 10 working days	70%	90%	95%	100%
15.1.5	Number of PASB entities that have linked each cross-cutting priority to at least 30% of their products and services in their Biennial Workplans	N/A	N/A	40/54**	54/54**

\* Denominator refers to the total number of PASB entities

\*\* Denominator includes all PASB country, subregional, and technical and strategic regional entities. It does not include administrative or executive management entities.

**RER 15.2 Effective PAHO/WHO country presence established to implement the PAHO/WHO Country Cooperation Strategies (CCS) which are (1) aligned with Member States' national health and development agendas, and (2) harmonized with the United Nations country team and other development partners.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
15.2.1	Number of countries using Country Cooperation Strategies (CCS) as a basis for defining the Organization's country presence and its respective Biennial Workplan	26	30	32	35
15.2.2	Number of countries where the CCS is used as reference for harmonizing cooperation in health with the UN Country Teams and other development partners	26	30	32	35
15.2.3	Number of countries where the Biennial Workplan (BWP) is evaluated jointly with government and other relevant partners	17	20	30	35
15.2.4	Number of PASB subregions that have a Subregional Cooperation Strategy (SCS)	0/5*	1/5	3/5	4/5
15.2.5	Number of PASB country and subregional entities with improved administrative support, physical infrastructure, transport, office equipment, furnishings and information technology equipment as programmed in their Biennial Workplans	20/29**	25/29	27/29	29/29
15.2.6	Number of PASB country and subregional entities that have implemented policies and plans to improve personnel health and safety in the workplace, including Minimum Operating Safety Standards (MOSS) compliance	20/29**	25/29	27/29	29/29

\* Denominator refers to the number of PASB subregions

\*\* Denominator refers to PASB entities outside WDC: 27 country entities plus 2 subregional entities (CPC and USMBFO)

**RER 15.3 Regional health and development mechanisms established, including partnerships, international health and advocacy, to provide more sustained and predictable technical and financial resources for health, in support of the Health Agenda for the Americas.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
15.3.1	Number of countries where PAHO/WHO maintains its leadership or active engagement in health and development partnerships (formal and informal), including those in the context of the United Nations system reform	27/27*	27/27	27/27	27/27
15.3.2	Number of agreements with bilateral and multilateral organizations and other partners, including UN agencies, supporting the Health Agenda for the Americas	0	10	17	25
15.3.3	Percentage of Summit's Declarations reflecting commitment in advancing the Health Agenda for the Americas 2008-2017	N/A	50%	70%	75%
15.3.4	Percentage of country requests for PAHO support to mobilize technical and financial resources from external partners, which PAHO has fulfilled	75%	85%	90%	95%

\* Denominator refers to countries where a PAHO/WHO Representation exists

## BUDGET FOR STRATEGIC OBJECTIVE 15

RER	Region-wide Expected Result (RER)	Total Resources
15.1	Effective leadership and direction of the Organization exercised through the enhancement of governance, and the coherence, accountability and synergy of PAHO/WHO's work to fulfill its mandate in advancing the global, regional, subregional and national health agendas.	40,437,900
15.2	Effective PAHO/WHO country presence established to implement the PAHO/WHO Country Cooperation Strategies (CCS) which are (1) aligned with Member States' national health and development agendas, and (2) harmonized with the United Nations country team and other development partners.	24,712,050
15.3	Regional health and development mechanisms established, including partnerships, international health and advocacy, to provide more sustained and predictable technical and financial resources for health, in support of the Health Agenda for the Americas.	9,735,050
<b>Total Cost for SO15</b>		<b>74,885,000</b>

### Resources breakdown

	2010-2011
Country	29,954,000
Subregional	5,241,950
Regional	39,689,050
<b>Total</b>	<b>74,885,000</b>

## STRATEGIC OBJECTIVE 16

**To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively**

### Scope

This Strategic Objective covers the services that support the work of the Bureau at all levels, enabling the programmatic work covered under SOs 1-15 to occur efficiently and effectively. It includes strategic and operational planning and budgeting, performance, monitoring and evaluation, coordination and mobilization of resources, management of human and financial resources, organizational learning, legal services, information technology, procurement, operational support and other administrative services.

### REGION-WIDE EXPECTED RESULTS

**RER 16.1 PASB is a results based organization, whose work is guided by strategic and operational plans that build on lessons learned, reflect country and subregional needs, are developed jointly across the Organization, and are effectively used to monitor performance and evaluate results.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
16.1.1	PAHO's Results Based Management (RBM) framework implemented	In progress	RBM framework approved by Executive Management	PASB personnel training in RBM completed	RBM framework implemented
16.1.2	The PAHO Strategic Plan (SP), and Program and Budget documents (constructed with the RBM framework, taking into account the country-focus policy and lessons learned, and with the involvement of all levels of PAHO) are approved by the Governing Bodies	In progress	PB* 10-11 approved by Governing Bodies	PB 12-13 approved by Governing Bodies	SP 13-17 approved by Governing Bodies
16.1.3	Percentage of progress towards the resource reallocation goals among the three PASB levels per PAHO Regional Program Budget Policy	33%	67%	100%	100%
16.1.4	Percentage of PASB entities that achieve over 75% of their OSERs	N/A	50%	75%	90%
16.1.5	Percentage of performance monitoring and assessment reports on expected results contained in the Strategic Plan and Program and Budget documents submitted in a timely fashion to the PASB executive management, after a peer review	50%	80%	90%	100%

\* Program and Budget

**RER 16.2 Monitoring and mobilization of financial resources strengthened to ensure implementation of the Program and Budget, including enhancement of sound financial practices and efficient management of financial resources.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
16.2.1	International Public Sector Accounting Standards (IPSAS) implemented in PAHO	IPSAS not implemented	IPSAS approved by Member States	IPSAS implemented	IPSAS implemented
16.2.2	Percentage of strategic objectives meeting at least 75% of their unfunded gap at the end of the biennium	N/A	50%	60%	70%
16.2.3	Percentage of Voluntary Contributions that are un-earmarked (funds that are flexible with restrictions no further than the SO level)	5%	10%	13%	15%
16.2.4	Percentage of PAHO Voluntary Contribution (earmarked and un-earmarked) funds returned to partners	1%	0.80%	0.70%	0.50%
16.2.5	Sound financial practices as evidenced by an unqualified audit opinion	Unqualified Audit Opinion	Unqualified Audit Opinion	Unqualified Audit Opinion	Unqualified Audit Opinion
16.2.6	Percentage of PASB entities that have implemented at least 90% of their programmed amount in their Biennial Workplans	70%	75%	80%	90%

**RER 16.3 Human Resource policies and practices promote (a) attracting and retaining qualified people with competencies required by the Organization, (b) effective and equitable performance and human resource management, (c) staff development and (d) ethical behavior.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
16.3.1	Percentage of PASB entities with human resources plans approved by Executive Management	15%	75%	98%	100%
16.3.2	Percentage of staff assuming a new position (with competency based post-description) or moving to a new location during a biennium in accordance with HR strategy	15%	50%	70%	75%
16.3.3	Percentage of Selection Committees working with new framework approved by the Executive Management, which includes psychometrical evaluation for key positions	N/A	100%	100%	100%



Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
16.3.4	Percentage of PASB workforce that have filed a formal grievance or been the subject of a formal disciplinary action	<1%	<1%	<1%	<1%
16.3.5	Number of queries received per year raising ethical issues which reflect a higher level of awareness regarding ethical behavior	40	80	120	150

**RER 16.4 Information Systems management strategies, policies and practices in place to ensure reliable, secure and cost-effective solutions, while meeting the changing needs of the PASB.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
16.4.1	Percentage of significant IT-related proposals, projects, and applications managed on a regular basis through portfolio management processes	0%	40%	60%	80%
16.4.2	Level of compliance with service level targets agreed for managed IT-related services	0%	50%	60%	75%
16.4.3	Number of PAHO/WHO country and subregional entities, and Pan American centers using consistent, near real-time management information	35/35*	35/35*	35/35*	35/35*

\* Denominator refers to the 27 country entities, 2 subregional entities and 6 Pan American Centers

**RER 16.5 Managerial and administrative support services, including procurement, strengthened to enable the effective and efficient functioning of the Organization.**

Ind.	RER Indicator text	Baseline 2007	Target 2009	Target 2011	Target 2013
16.5.1	Level of user satisfaction with selected managerial and administrative services (including security, travel, transport, mail services, health services, cleaning and food services) as measured through biennial surveys	Low (satisfaction rated less than 50%)	Medium (satisfaction rated 50%-75%)	High (satisfaction rated over 75%)	High (satisfaction rated over 75%)
16.5.2	Percentage of standard operating procedures utilized by PASB personnel during regional emergencies	0%	50%	75%	100%
16.5.3	Percentage of internal benchmarks met or exceeded for translation services	60%	70%	75%	80%
16.5.4	A new procurement management system, to measure and monitor compliance with procurement best practices, including targeted training, improved statistical reporting, expanded bidder lists, service level agreements and procedural improvements, implemented	N/A	Guiding principles elaborated	Business rules elaborated	Procurement Management System implemented
16.5.5	Percentage of PASB internal requests for legal advice and services acted upon within 10 working days of receipt	70%	90%	95%	100%

**RER 16.6 PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.**

<b>Ind.</b>	<b>RER Indicator text</b>	<b>Baseline 2007</b>	<b>Target 2009</b>	<b>Target 2011</b>	<b>Target 2013</b>
16.6.1	Corporate performance scorecard implemented	N/A	Scorecard developed	Scorecard implemented	Scorecard implemented
16.6.2	Percentage of contracts under the PASB infrastructure capital plan for approved project(s) for which all work is substantially completed on a timely basis	100%	100%	100%	100%
16.6.3	Percentage of HQ and Pan American Centers physical facilities that have implemented policies and plans to improve personnel health and safety in the workplace, including Minimum Operating Safety Standards (MOSS) compliance	65%	75%	80%	100%
16.6.4	Percentage of PASB regional entities and PAHO Pan American Centers that improve and maintain their physical infrastructure, office equipment, furnishings, information technology equipment and transport, as programmed in their Biennial Workplans	75%	90%	95%	100%
16.6.5	Number of HR policies and practices that address work-life balance, health and safety of the PAHO workforce have been developed and implemented	2	6	10	14
16.6.6	New HR performance planning and evaluation system which enables effective performance management and integrated with PAHO Strategic Plan implemented	N/A	Software purchased and implementation plan in place	Implementation in all PAHO entities linked to Staff Development plans	360 degree evaluations implemented

## BUDGET FOR STRATEGIC OBJECTIVE 16

RER	Region-wide Expected Result (RER)	Total Resources
16.1	PASB is a results based organization, whose work is guided by strategic and operational plans that build on lessons learned, reflect country and subregional needs, are developed jointly across the Organization, and are effectively used to monitor performance and evaluate results.	10,353,000
16.2	Monitoring and mobilization of financial resources strengthened to ensure implementation of the Program and Budget, including enhancement of sound financial practices and efficient management of financial resources.	20,706,000
16.3	Human resource policies and practices promote (a) attracting and retaining qualified people with competencies required by the Organization, (b) effective and equitable performance and human resource management, (c) staff development and (d) ethical behavior.	9,490,250
16.4	Information systems management strategies, policies and practices in place to ensure reliable, secure and cost-effective solutions, while meeting the changing needs of the PASB.	17,255,000
16.5	Managerial and administrative support services, including procurement, strengthened to enable the effective and efficient functioning of the Organization.	21,568,750
16.6	PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.	6,902,000
<b>Total Cost for SO16</b>		<b>86,275,000</b>

### Resources breakdown

	2010-2011
Country	12,189,600
Subregional	4,731,300
Regional	69,354,100
<b>Total</b>	<b>86,275,000</b>



## **SUBREGIONAL LEVEL**

*This programmatic level was officially established and introduced for the 2006-2007 biennium as stipulated in the PAHO Regional Program and Budget Policy approved by the 45th Directing Council (September 2004). The subregional technical cooperation programs serve as support to the health plans of the various subregional integration processes in the Americas: the Caribbean Community (CARICOM); the Central American Integration System (SICA); the Southern Common Market (MERCOSUR); and the Andean Community of Nations (CAN).*

*Correspondingly, this section includes the resources allocated to the Biennial Workplans of the different subregions. In addition, funding is provided to the following established subregional offices: the Office for Caribbean Program Coordination (located in Bridgetown, Barbados); the PAHO/WHO Representation of the Eastern Caribbean Countries; the Caribbean Food and Nutrition Institute (CFNI); the Caribbean Epidemiology Center (CAREC); and the Institute of Nutrition of Central America and Panama (INCAP). Funding is also provided in support of the United States/Mexico Border Health Office (located in El Paso, Texas).*



## ANDEAN Subregion

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	61,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	15,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	20,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	38,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	18,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	35,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	97,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	82,500
SO.12	To ensure improved access, quality and use of medical products and technologies	65,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	458,600
SO.14	To extend social protection through fair, adequate and sustainable financing	41,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	51,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	55,700
<b>Total Resources</b>		<b>1,037,800</b>

## CARIBBEAN Subregion

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	4,012,400
SO.02	To combat HIV/AIDS, tuberculosis and malaria	1,168,100
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	1,506,400
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	490,600
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	1,761,500
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	662,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	113,400
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	578,800
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	5,507,100
SO.10	To improve the organization, management and delivery of health services	634,600
SO.11	To strengthen leadership, governance and the evidence base of health systems	859,100
SO.12	To ensure improved access, quality and use of medical products and technologies	576,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	772,900
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	5,713,700
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	4,483,200
<b>Total Resources</b>		<b>28,839,800</b>



## CENTRAL AMERICAN Subregion

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	30,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	10,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	50,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	40,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	10,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	30,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	85,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	2,240,000
SO.12	To ensure improved access, quality and use of medical products and technologies	10,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	367,600
SO.14	To extend social protection through fair, adequate and sustainable financing	54,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	180,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	75,100
<b>Total Resources</b>		<b>3,181,700</b>

## SOUTHERN CONE Subregion

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	90,700
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	9,400
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	6,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	9,500
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	31,600
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	61,700
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	11,100
SO.11	To strengthen leadership, governance and the evidence base of health systems	97,100
SO.12	To ensure improved access, quality and use of medical products and technologies	146,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	358,900
SO.14	To extend social protection through fair, adequate and sustainable financing	43,600
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	67,600
<b>Total Resources</b>		<b>933,200</b>

**UNITED STATES/MEXICO BORDER FIELD OFFICE**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
SO.01	To reduce the health, social and economic burden of communicable diseases	461,400
SO.02	To combat HIV/AIDS, tuberculosis and malaria	29,500
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	150,400
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	10,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	1,162,400
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	145,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	427,300
SO.10	To improve the organization, management and delivery of health services	922,800
SO.11	To strengthen leadership, governance and the evidence base of health systems	178,900
SO.12	To ensure improved access, quality and use of medical products and technologies	14,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	182,300
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	932,700
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	117,300
<b>Total Resources</b>		<b>4,734,000</b>



## COUNTRY LEVEL

*The country technical cooperation plans are prepared together with the national authorities and other counterparts of the health sector in each country. These Biennial Workplans respond to the national health status and to the directives of the national health agendas, as well as to the country cooperation strategies agreed upon with the Member States (in those countries where the Country Cooperation Strategy [CCS] has been developed). The subregional, regional and global commitments and mandates are also taken into account, in particular, the Health Agenda for the Americas.*

*In preparation of the Biennial Workplans, a results based management approach is taken, identifying first the priority issues or problem areas and their respective causes, followed by the identification of the areas of intervention on the basis of the resources and problem-solving ability of the Pan American Sanitary Bureau as well as the participation of other stakeholders or interested parties. Finally, interventions expressed as Office-Specific Expected Results, are created and linked to the Region-wide Expected Results and Strategic Objectives of the Strategic Plan of PAHO 2008-2012.*

*In this section a budget table by strategic objective is presented for each country. The budget allocated to each strategic objective is indicative of the investment required to address each of the priority areas. Additional programmatic information, including the situation analysis in the country, the technical cooperation strategy, and the specific activities required to achieve the expected results, are available in the individual biennial workplans of PAHO/WHO country offices.*



## ANTIGUA AND BARBUDA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	63,700
SO.02	To combat HIV/AIDS, tuberculosis and malaria	68,200
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	73,500
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	15,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	10,500
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	4,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	2,500
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	10,300
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	10,000
SO.10	To improve the organization, management and delivery of health services	39,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	10,000
SO.12	To ensure improved access, quality and use of medical products and technologies	18,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	80,000
SO.14	To extend social protection through fair, adequate and sustainable financing	2,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	174,200
<b>Total Resources</b>		<b>580,900</b>

## ARGENTINA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	176,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	77,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	133,100
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	348,100
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	137,400
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	164,300
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	231,200
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	114,700
SO.10	To improve the organization, management and delivery of health services	1,276,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	296,100
SO.12	To ensure improved access, quality and use of medical products and technologies	84,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	88,000
SO.14	To extend social protection through fair, adequate and sustainable financing	185,800
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	2,035,100
<b>Total Resources</b>		<b>5,346,800</b>



## BAHAMAS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	140,200
SO.02	To combat HIV/AIDS, tuberculosis and malaria	245,900
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	217,600
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	42,400
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	110,500
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	50,400
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	12,200
SO.10	To improve the organization, management and delivery of health services	15,900
SO.11	To strengthen leadership, governance and the evidence base of health systems	134,600
SO.12	To ensure improved access, quality and use of medical products and technologies	200
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	3,100
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	706,000
<b>Total Resources</b>		<b>1,679,000</b>

## BARBADOS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	34,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	57,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	58,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	29,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	31,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	18,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	8,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	14,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	5,000
SO.10	To improve the organization, management and delivery of health services	41,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	10,000
SO.12	To ensure improved access, quality and use of medical products and technologies	18,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	95,000
SO.14	To extend social protection through fair, adequate and sustainable financing	9,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	215,000
<b>Total Resources</b>		<b>642,000</b>

## BELIZE

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	128,700
SO.02	To combat HIV/AIDS, tuberculosis and malaria	282,500
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	147,300
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	95,600
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	61,600
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	44,900
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	87,200
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	61,600
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	54,000
SO.10	To improve the organization, management and delivery of health services	223,100
SO.11	To strengthen leadership, governance and the evidence base of health systems	302,600
SO.12	To ensure improved access, quality and use of medical products and technologies	82,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	126,800
SO.14	To extend social protection through fair, adequate and sustainable financing	260,500
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	825,900
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	7,500
<b>Total Resources</b>		<b>2,791,800</b>

## BOLIVIA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,063,100
SO.02	To combat HIV/AIDS, tuberculosis and malaria	314,500
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	60,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	1,303,400
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	409,600
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	100,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	278,400
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	406,800
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	194,000
SO.10	To improve the organization, management and delivery of health services	785,900
SO.11	To strengthen leadership, governance and the evidence base of health systems	338,400
SO.12	To ensure improved access, quality and use of medical products and technologies	98,700
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	177,100
SO.14	To extend social protection through fair, adequate and sustainable financing	257,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	2,023,600
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	494,000
<b>Total Resources</b>		<b>8,304,500</b>

## BRAZIL

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	753,200
SO.02	To combat HIV/AIDS, tuberculosis and malaria	552,200
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	42,500
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	181,600
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	1,004,900
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	130,300
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	149,400
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	452,900
SO.10	To improve the organization, management and delivery of health services	291,600
SO.11	To strengthen leadership, governance and the evidence base of health systems	774,000
SO.12	To ensure improved access, quality and use of medical products and technologies	599,600
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	290,400
SO.14	To extend social protection through fair, adequate and sustainable financing	155,300
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	3,616,700
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	2,695,200
<b>Total Resources</b>		<b>11,689,800</b>

## CANADA

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
SO.01	To reduce the health, social and economic burden of communicable diseases	138,250
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	138,250
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	138,250
SO.10	To improve the organization, management and delivery of health services	138,250
<b>Total Resources</b>		<b>553,000</b>

## CHILE

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	107,300
SO.02	To combat HIV/AIDS, tuberculosis and malaria	233,200
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	169,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	71,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	66,700
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	186,600
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	33,600
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	142,300
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	89,400
SO.10	To improve the organization, management and delivery of health services	57,200
SO.11	To strengthen leadership, governance and the evidence base of health systems	297,400
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	232,900
SO.14	To extend social protection through fair, adequate and sustainable financing	114,400
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,301,800
<b>Total Resources</b>		<b>3,102,800</b>

## COLOMBIA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,326,500
SO.02	To combat HIV/AIDS, tuberculosis and malaria	2,113,600
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	93,900
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	1,689,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	4,418,800
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	843,800
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	1,814,600
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	440,400
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	151,000
SO.10	To improve the organization, management and delivery of health services	764,300
SO.11	To strengthen leadership, governance and the evidence base of health systems	612,700
SO.12	To ensure improved access, quality and use of medical products and technologies	197,700
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	214,500
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	999,400
<b>Total Resources</b>		<b>15,680,200</b>



## COSTA RICA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	442,800
SO.02	To combat HIV/AIDS, tuberculosis and malaria	189,200
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	157,900
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	67,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	118,400
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	287,200
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	166,900
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	358,700
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	138,000
SO.10	To improve the organization, management and delivery of health services	198,700
SO.11	To strengthen leadership, governance and the evidence base of health systems	448,600
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	157,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	60,300
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	490,100
<b>Total Resources</b>		<b>3,280,800</b>

## CUBA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	210,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	50,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	170,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	190,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	290,200
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	90,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	110,200
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	95,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	210,000
SO.10	To improve the organization, management and delivery of health services	90,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	295,000
SO.12	To ensure improved access, quality and use of medical products and technologies	70,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	150,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	811,200
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	700,000
<b>Total Resources</b>		<b>3,531,600</b>

## DOMINICA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	56,500
SO.02	To combat HIV/AIDS, tuberculosis and malaria	57,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	61,200
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	18,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	30,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	4,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	11,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	35,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	15,000
SO.10	To improve the organization, management and delivery of health services	79,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	10,000
SO.12	To ensure improved access, quality and use of medical products and technologies	20,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	120,000
SO.14	To extend social protection through fair, adequate and sustainable financing	10,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	149,200
<b>Total Resources</b>		<b>675,900</b>

## DOMINICAN REPUBLIC

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,540,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	1,099,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	170,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	660,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	2,090,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	285,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	90,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	490,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	297,000
SO.10	To improve the organization, management and delivery of health services	230,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	549,000
SO.12	To ensure improved access, quality and use of medical products and technologies	160,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	160,000
SO.14	To extend social protection through fair, adequate and sustainable financing	70,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	104,600
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	872,100
<b>Total Resources</b>		<b>8,866,700</b>

## ECUADOR

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	409,400
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	483,100
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	750,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	1,230,700
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	154,600
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	478,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	250,900
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	412,700
SO.10	To improve the organization, management and delivery of health services	425,900
SO.11	To strengthen leadership, governance and the evidence base of health systems	280,100
SO.12	To ensure improved access, quality and use of medical products and technologies	108,200
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	374,700
SO.14	To extend social protection through fair, adequate and sustainable financing	186,200
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	637,100
<b>Total Resources</b>		<b>6,181,600</b>

## EL SALVADOR

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	839,200
SO.02	To combat HIV/AIDS, tuberculosis and malaria	353,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	440,500
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	410,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	169,700
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	140,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	545,600
SO.10	To improve the organization, management and delivery of health services	891,300
SO.11	To strengthen leadership, governance and the evidence base of health systems	559,700
SO.12	To ensure improved access, quality and use of medical products and technologies	100,000
SO.14	To extend social protection through fair, adequate and sustainable financing	388,900
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	724,800
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	866,600
<b>Total Resources</b>		<b>6,429,300</b>

## FRANCE: FRENCH DEPARTMENTS IN THE AMERICAS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	125,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	50,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	30,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	15,000
SO.10	To improve the organization, management and delivery of health services	30,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	90,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	145,000
<b>Total Resources</b>		<b>485,000</b>

**Note:** The program for the French Departments in the Americas (French Guiana, Guadeloupe, and Martinique) is served through the PAHO/WHO Office of Caribbean Program Coordination located in Barbados.

## GRENADA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	20,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	60,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	55,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	31,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	32,500
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	11,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	13,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	28,300
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	14,000
SO.10	To improve the organization, management and delivery of health services	50,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	50,000
SO.12	To ensure improved access, quality and use of medical products and technologies	20,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	107,000
SO.14	To extend social protection through fair, adequate and sustainable financing	20,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	346,400
<b>Total Resources</b>		<b>858,200</b>



## GUATEMALA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	853,700
SO.02	To combat HIV/AIDS, tuberculosis and malaria	505,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	194,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	1,010,900
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	878,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	40,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	673,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	125,900
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	89,400
SO.10	To improve the organization, management and delivery of health services	254,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	195,000
SO.12	To ensure improved access, quality and use of medical products and technologies	50,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	100,000
SO.14	To extend social protection through fair, adequate and sustainable financing	2,167,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	514,300
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	1,752,600
<b>Total Resources</b>		<b>9,402,800</b>

## GUYANA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	774,500
SO.02	To combat HIV/AIDS, tuberculosis and malaria	1,057,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	148,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	578,700
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	31,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	223,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	51,500
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	110,600
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	206,100
SO.10	To improve the organization, management and delivery of health services	44,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	246,000
SO.12	To ensure improved access, quality and use of medical products and technologies	60,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	50,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	314,600
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	763,500
<b>Total Resources</b>		<b>4,658,500</b>

## HAITI

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	5,786,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	1,243,700
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	55,600
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	5,693,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	2,997,700
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	457,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	22,000
SO.10	To improve the organization, management and delivery of health services	572,400
SO.11	To strengthen leadership, governance and the evidence base of health systems	313,200
SO.12	To ensure improved access, quality and use of medical products and technologies	3,737,400
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	651,400
SO.14	To extend social protection through fair, adequate and sustainable financing	16,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	3,844,000
<b>Total Resources</b>		<b>25,389,400</b>

## HONDURAS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	154,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	446,100
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	579,700
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	869,300
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	271,700
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	137,900
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	190,900
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	575,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	532,100
SO.10	To improve the organization, management and delivery of health services	2,004,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	367,300
SO.12	To ensure improved access, quality and use of medical products and technologies	369,400
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	132,900
SO.14	To extend social protection through fair, adequate and sustainable financing	222,900
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	2,042,200
<b>Total Resources</b>		<b>8,895,400</b>

## JAMAICA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	235,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	190,900
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	190,800
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	90,200
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	114,500
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	52,100
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	18,900
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	152,600
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	66,000
SO.10	To improve the organization, management and delivery of health services	48,200
SO.11	To strengthen leadership, governance and the evidence base of health systems	194,500
SO.12	To ensure improved access, quality and use of medical products and technologies	63,200
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	73,200
SO.14	To extend social protection through fair, adequate and sustainable financing	15,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	827,300
<b>Total Resources</b>		<b>2,332,400</b>

## MEXICO

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,085,900
SO.02	To combat HIV/AIDS, tuberculosis and malaria	3,514,300
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	2,352,100
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	71,200
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	1,004,100
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	1,436,700
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	688,100
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	420,900
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	496,600
SO.10	To improve the organization, management and delivery of health services	150,400
SO.11	To strengthen leadership, governance and the evidence base of health systems	392,900
SO.12	To ensure improved access, quality and use of medical products and technologies	97,200
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	144,900
SO.14	To extend social protection through fair, adequate and sustainable financing	174,400
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	2,898,700
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	160,000
<b>Total Resources</b>		<b>15,088,400</b>

## NETHERLANDS: THE NETHERLANDS ANTILLES

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	14,800
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	4,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	39,700
SO.10	To improve the organization, management and delivery of health services	13,000
<b>Total Resources</b>		<b>71,500</b>

**Note:** The Netherlands Antilles (Curacao, Bonaire, Saba, San Eustatius and San Martin) constitute an autonomous territory within the Kingdom of the Netherlands. They are responsible for their own administration and political affairs. The program for the Netherlands Antilles is served through the PAHO/WHO office in Venezuela.

## NICARAGUA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	941,300
SO.02	To combat HIV/AIDS, tuberculosis and malaria	363,900
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	169,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	291,100
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	538,700
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	566,800
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	1,346,600
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	598,700
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	54,000
SO.10	To improve the organization, management and delivery of health services	377,300
SO.11	To strengthen leadership, governance and the evidence base of health systems	166,100
SO.12	To ensure improved access, quality and use of medical products and technologies	56,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	268,000
SO.14	To extend social protection through fair, adequate and sustainable financing	45,100
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	842,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	922,400
<b>Total Resources</b>		<b>7,547,000</b>



## PANAMA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	385,100
SO.02	To combat HIV/AIDS, tuberculosis and malaria	199,500
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	797,300
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	137,500
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	48,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	16,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	251,600
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	2,308,300
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	47,200
SO.10	To improve the organization, management and delivery of health services	229,700
SO.11	To strengthen leadership, governance and the evidence base of health systems	55,300
SO.12	To ensure improved access, quality and use of medical products and technologies	129,300
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	24,600
SO.14	To extend social protection through fair, adequate and sustainable financing	54,400
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	747,800
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	566,900
<b>Total Resources</b>		<b>5,998,500</b>

## PARAGUAY

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	849,500
SO.02	To combat HIV/AIDS, tuberculosis and malaria	112,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	178,100
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	267,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	134,600
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	187,100
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	108,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	476,200
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	145,000
SO.10	To improve the organization, management and delivery of health services	50,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	155,900
SO.12	To ensure improved access, quality and use of medical products and technologies	15,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	50,000
SO.14	To extend social protection through fair, adequate and sustainable financing	25,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	348,500
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	968,900
<b>Total Resources</b>		<b>4,070,800</b>

**PERU**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
SO.01	To reduce the health, social and economic burden of communicable diseases	965,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	619,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	363,500
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	1,105,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	640,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	115,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	700,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	725,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	710,000
SO.10	To improve the organization, management and delivery of health services	340,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	511,400
SO.12	To ensure improved access, quality and use of medical products and technologies	195,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	270,000
SO.14	To extend social protection through fair, adequate and sustainable financing	55,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,674,000
<b>Total Resources</b>		<b>8,987,900</b>

## PUERTO RICO

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	64,800
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	3,100
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	26,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	31,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	18,100
SO.14	To extend social protection through fair, adequate and sustainable financing	13,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	26,000
<b>Total Resources</b>		<b>182,000</b>

## SAINT KITTS AND NEVIS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	29,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	57,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	50,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	11,500
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	25,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	4,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	5,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	23,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	18,000
SO.10	To improve the organization, management and delivery of health services	39,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	15,000
SO.12	To ensure improved access, quality and use of medical products and technologies	25,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	84,000
SO.14	To extend social protection through fair, adequate and sustainable financing	6,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	255,000
<b>Total Resources</b>		<b>646,500</b>

## SAINT LUCIA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	33,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	57,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	50,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	19,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	17,500
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	6,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	5,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	36,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	7,000
SO.10	To improve the organization, management and delivery of health services	65,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	25,000
SO.12	To ensure improved access, quality and use of medical products and technologies	20,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	92,000
SO.14	To extend social protection through fair, adequate and sustainable financing	20,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	252,000
<b>Total Resources</b>		<b>704,500</b>

## SAINT VINCENT AND THE GRENADINES

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	33,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	57,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	37,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	18,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	32,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	4,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	6,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	25,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	18,000
SO.10	To improve the organization, management and delivery of health services	59,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	20,000
SO.12	To ensure improved access, quality and use of medical products and technologies	20,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	82,000
SO.14	To extend social protection through fair, adequate and sustainable financing	20,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	252,000
<b>Total Resources</b>		<b>683,000</b>

## SURINAME

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	110,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	868,400
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	220,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	35,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	30,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	30,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	10,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	100,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	20,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	10,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	679,200
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	414,400
<b>Total Resources</b>		<b>2,527,000</b>



## TRINIDAD AND TOBAGO

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	122,100
SO.02	To combat HIV/AIDS, tuberculosis and malaria	102,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	120,100
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	104,800
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	50,700
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	52,900
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	43,300
SO.10	To improve the organization, management and delivery of health services	83,600
SO.11	To strengthen leadership, governance and the evidence base of health systems	136,400
SO.12	To ensure improved access, quality and use of medical products and technologies	89,800
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	92,400
SO.14	To extend social protection through fair, adequate and sustainable financing	15,600
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,129,200
<b>Total Resources</b>		<b>2,142,900</b>

**UNITED KINGDOM: ANGUILLA, THE BRITISH VIRGIN ISLANDS AND MONTSERRAT**

<b>SO</b>	<b>Strategic Objectives</b>	<b>Total Resources</b>
SO.01	To reduce the health, social and economic burden of communicable diseases	76,500
SO.02	To combat HIV/AIDS, tuberculosis and malaria	113,200
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	64,700
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	25,200
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	58,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	12,500
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	13,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	31,500
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	2,000
SO.10	To improve the organization, management and delivery of health services	85,200
SO.11	To strengthen leadership, governance and the evidence base of health systems	20,000
SO.12	To ensure improved access, quality and use of medical products and technologies	18,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	100,000
SO.14	To extend social protection through fair, adequate and sustainable financing	27,000
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	152,200
<b>Total Resources</b>		<b>799,000</b>

**Note:** The programs for Anguilla, the British Virgin Islands, and Montserrat are served through the PAHO/WHO office for the Eastern Caribbean Countries located in Barbados.

## UNITED KINGDOM: BERMUDA AND THE CAYMAN ISLANDS

SO	Strategic Objectives	Total Resources
SO.02	To combat HIV/AIDS, tuberculosis and malaria	75,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	5,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	50,000
<b>Total Resources</b>		<b>130,000</b>

**Note:** The Cayman Islands and Bermuda are two of the internally self-governing United Kingdom Overseas Territories (UKOTs) in the Caribbean and are served through the PAHO/WHO office in Jamaica.

## UNITED KINGDOM: TURKS AND CAICOS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	5,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	51,700
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	15,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	130,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	17,500
SO.11	To strengthen leadership, governance and the evidence base of health systems	11,900
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	6,000
<b>Total Resources</b>		<b>237,100</b>

**Note:** The Turks and Caicos Islands comprise one of the internal self-governing United Kingdom Overseas Territories (UKOTs) in the Caribbean and is served through the PAHO/WHO office in the Bahamas.

## UNITED STATES OF AMERICA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	90,250
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	90,250
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	90,250
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	90,250
<b>Total Resources</b>		<b>361,000</b>

## URUGUAY

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	694,800
SO.02	To combat HIV/AIDS, tuberculosis and malaria	140,500
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	101,900
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	28,200
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	18,700
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	537,300
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	160,800
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	6,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	20,000
SO.10	To improve the organization, management and delivery of health services	26,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	235,800
SO.12	To ensure improved access, quality and use of medical products and technologies	46,500
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	33,400
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	109,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	675,500
<b>Total Resources</b>		<b>2,834,400</b>

## VENEZUELA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	286,400
SO.02	To combat HIV/AIDS, tuberculosis and malaria	310,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	100,300
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	164,000
SO.05	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	50,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	212,900
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	86,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	25,300
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	69,200
SO.10	To improve the organization, management and delivery of health services	127,400
SO.11	To strengthen leadership, governance and the evidence base of health systems	139,300
SO.12	To ensure improved access, quality and use of medical products and technologies	24,900
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	29,300
SO.14	To extend social protection through fair, adequate and sustainable financing	2,553,300
SO.15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	657,000
<b>Total Resources</b>		<b>4,835,300</b>





## Annex 1

<b>Forty-Year History of the PAHO/WHO Regular Budget</b>								
Budget Period	PAHO			AMRO Share			Total PAHO/WHO	
	Amount	% of Total	% Increase	Amount	% of Total	% Increase	Amount	% Increase
1972-1973	37,405,395	68.6		17,150,800	31.4		54,556,195	
1974-1975	45,175,329	68.8	20.8	20,495,900	31.2	19.5	65,671,229	20.4
1976-1977	55,549,020	69.3	23.0	24,570,200	30.7	19.9	80,119,220	22.0
1978-1979	64,849,990	67.8	16.7	30,771,500	32.2	25.2	95,621,490	19.3
1980-1981	76,576,000	67.1	18.1	37,566,200	32.9	22.1	114,142,200	19.4
1982-1983	90,320,000	67.2	17.9	44,012,000	32.8	17.2	134,332,000	17.7
1984-1985	103,959,000	67.2	15.1	50,834,000	32.8	5.5	154,793,000	15.2
1986-1987	112,484,000	66.0	8.2	57,856,000	34.0	13.8	170,340,000	10.0
1988-1989	121,172,000	66.8	7.7	60,161,000	33.2	4.0	181,333,000	6.5
1990-1991	130,023,000	66.7	7.3	65,027,000	33.3	8.1	195,050,000	7.6
1992-1993	152,576,000	68.1	17.3	71,491,000	31.9	9.9	224,067,000	14.9
1994-1995	164,466,000	67.3	7.8	79,794,000	32.7	11.6	244,260,000	9.0
1996-1997	168,578,000	67.9	2.5	79,794,000	32.1	0.0	248,372,000	1.7
1998-1999	168,578,000	67.1	0.0	82,686,000	32.9	3.6	251,264,000	1.2
2000-2001	177,136,000	69.1	5.1	79,109,000	30.9	-4.3	256,245,000	2.0
2002-2003	186,800,000	71.4	5.5	74,682,000	28.6	-5.6	261,482,000	2.0
2004-2005	186,800,000	72.0	0.0	72,730,000	28.0	-2.6	259,530,000	- 0.7
2006-2007	187,800,000	70.7	0.5	77,768,000	29.3	6.9	265,568,000	2.3
2008-2009	197,566,000	70.1	3.9	81,501,000	29.2	4.8	279,067,000	4.8
2010-2011*	206,400,000	71.9	4.5	80,700,000	28.1	-1.0	287,100,000	2.9

\*Proposed

**Proposed Program and Budget 2010-2011: by Funding Source  
(Base Programs)**

<b>Ran-king*</b>	<b>SO Description</b>	<b>Regular Budget</b>	<b>Other Sources</b>	<b>2010-2011 Proposed Budget</b>	<b>%</b>
2	SO1 To reduce the health, social and economic burden of communicable diseases	23,302,000	64,583,000	87,885,000	13.7%
3	SO2 To combat HIV/AIDS, tuberculosis and malaria	6,324,000	68,735,000	75,059,000	11.7%
4	SO3 To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	11,426,000	20,518,000	31,944,000	5.0%
1	SO4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	11,694,000	25,438,000	37,132,000	5.8%
13	SO5 To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	3,893,000	31,088,000	34,981,000	5.4%
9	SO6 To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	7,611,000	8,351,000	15,962,000	2.5%
5	SO7 To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	8,068,000	12,892,000	20,960,000	3.3%
8	SO8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	13,399,000	11,535,000	24,934,000	3.9%
14	SO9 To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	12,009,000	8,932,000	20,941,000	3.3%
7	SO10 To improve the organization, management and delivery of health services	8,111,000	31,849,000	39,960,000	6.2%
11	SO11 To strengthen leadership, governance and the evidence base of health systems	32,026,000	10,816,000	42,842,000	6.7%
12	SO12 To ensure improved access, quality and use of medical products and technologies	7,565,000	11,398,000	18,963,000	2.9%
6	SO13 To ensure an available, competent, responsive and productive health workforce to improve health outcomes	9,305,000	10,649,000	19,954,000	3.1%
10	SO14 To extend social protection through fair, adequate and sustainable financing	5,207,000	5,067,000	10,274,000	1.6%
	SO15 To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	65,885,000	9,000,000	74,885,000	11.6%
	SO16 To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	61,275,000	25,000,000	86,275,000	13.4%
<b>TOTAL</b>		<b>287,100,000</b>	<b>355,851,000</b>	<b>642,951,000</b>	<b>100.0%</b>

\* As the criteria presented in the PAHO Strategic Plan 2008-2012

## Proposed Program and Budget 2010-2011: Comparison with 2008-2009 (Base Programs)

Ranking*	SO Description		2008-2009 Baseline	2010-2011 Proposed Budget	% Change
			PAHO/WHO	PAHO/WHO	
2	SO1	To reduce the health, social and economic burden of communicable diseases	86,600,000	87,885,000	1.6%
3	SO2	To combat HIV/AIDS, tuberculosis and malaria	75,090,000	75,059,000	0.0%
4	SO3	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	28,000,000	31,944,000	14.3%
1	SO4	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	37,190,000	37,132,000	0.0%
13	SO5	To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	35,000,000	34,981,000	0.0%
9	SO6	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	16,000,000	15,962,000	0.0%
5	SO7	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	17,400,000	20,960,000	20.7%
8	SO8	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	25,000,000	24,934,000	0.0%
14	SO9	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	21,000,000	20,941,000	0.0%
7	SO10	To improve the organization, management and delivery of health services	32,000,000	39,960,000	25.0%
11	SO11	To strengthen leadership, governance and the evidence base of health systems	35,000,000	42,842,000	22.9%
12	SO12	To ensure improved access, quality and use of medical products and technologies	22,000,000	18,963,000	-13.6%
6	SO13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	23,000,000	19,954,000	-13.0%
10	SO14	To extend social protection through fair, adequate and sustainable financing	15,000,000	10,274,000	-31.3%
	SO15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	61,210,000	74,885,000	22.9%
	SO16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	96,577,000	86,275,000	-10.4%
<b>TOTAL</b>			<b>626,067,000</b>	<b>642,951,000</b>	<b>2.9%</b>

\* As the criteria presented in the PAHO Strategic Plan 2008-2012

## Proposed Program and Budget 2010-2011: by Segment

Ranking*	SO Description	Base Programs	Outbreak Crisis and Responses	Government Financed internal Projects	Total	%
2	SO1 To reduce the health, social and economic burden of communicable diseases	87,885,000	7,000,000	20,149,000	115,034,000	12.9%
3	SO2 To combat HIV/AIDS, tuberculosis and malaria	75,059,000	-	6,657,000	81,716,000	9.2%
4	SO3 To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	31,944,000	-	3,844,000	35,788,000	4.0%
1	SO4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	37,132,000	-	3,681,000	40,813,000	4.6%
13	SO5 To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact	34,981,000	15,000,000	834,000	50,815,000	5.7%
9	SO6 To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	15,962,000	-	2,378,000	18,340,000	2.1%
5	SO7 To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	20,960,000	-	12,434,000	33,394,000	3.8%
8	SO8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	24,934,000	-	6,080,000	31,014,000	3.5%
14	SO9 To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	20,941,000	-	12,942,000	33,883,000	3.8%
7	SO10 To improve the organization, management and delivery of health	39,960,000	-	35,699,000	75,659,000	8.5%
11	SO11 To strengthen leadership, governance and the evidence base of health systems	42,842,000	-	47,085,000	89,927,000	10.1%
12	SO12 To ensure improved access, quality and use of medical products and technologies	18,963,000	-	10,581,000	29,544,000	3.3%
6	SO13 To ensure an available, competent, responsive and productive health workforce to improve health outcomes	19,954,000	-	37,799,000	57,753,000	6.5%
10	SO14 To extend social protection through fair, adequate and sustainable financing	10,274,000	-	1,894,000	12,168,000	1.4%
	SO15 To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	74,885,000	-	18,321,000	93,206,000	10.5%
	SO16 To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	86,275,000	-	4,622,000	90,897,000	10.2%
<b>TOTAL</b>		<b>642,951,000</b>	<b>22,000,000</b>	<b>225,000,000</b>	<b>889,951,000</b>	<b>100.0%</b>

\* As the criteria presented in the PAHO Strategic Plan 2008-2012

## Regional Program Budget Policy: Phase-in Schedule over three Biennia

Phase-in schedule for the revision of regular budget core country allocations  
in accordance with Resolution CD45.R6 on the Regional Program Budget Policy

	Phase-in period			Total change over 3 biennia
	1st biennium 2006-2007	2nd biennium 2008-2009	3rd biennium 2010-2011	
			<b>a/</b>	
Antigua and Barbuda	0.26%	0.36%	<b>0.46%</b>	161.68%
Argentina	3.89%	3.56%	<b>3.23%</b>	-22.78%
Bahamas	1.21%	1.02%	<b>0.83%</b>	-40.02%
Barbados	0.67%	0.62%	<b>0.56%</b>	-21.98%
Belize	1.03%	0.87%	<b>0.70%</b>	-40.00%
Bolivia	4.70%	4.80%	<b>4.90%</b>	6.05%
Brazil	9.19%	9.65%	<b>10.10%</b>	14.78%
Canada	0.72%	0.60%	<b>0.49%</b>	-40.05%
Chile	2.26%	2.22%	<b>2.19%</b>	-4.95%
Colombia	4.25%	4.16%	<b>4.07%</b>	-5.83%
Costa Rica	2.69%	2.26%	<b>1.83%</b>	-39.99%
Cuba	2.79%	3.27%	<b>3.75%</b>	57.88%
Dominica	0.34%	0.43%	<b>0.51%</b>	86.05%
Dominican Republic	3.27%	3.31%	<b>3.35%</b>	3.58%
Ecuador	4.58%	5.22%	<b>5.87%</b>	45.94%
El Salvador	3.05%	3.00%	<b>2.94%</b>	-5.31%
France (French Department in the Americas)	0.20%	0.26%	<b>0.32%</b>	108.33%
Grenada	0.31%	0.47%	<b>0.62%</b>	250.90%
Guatemala	5.10%	5.43%	<b>5.76%</b>	19.63%
Guyana	1.91%	1.91%	<b>1.91%</b>	0.00%
Haiti	4.98%	4.98%	<b>4.98%</b>	0.00%
Honduras	4.05%	4.22%	<b>4.39%</b>	12.62%
Jamaica	2.73%	2.29%	<b>1.86%</b>	-40.00%
Mexico	6.31%	6.18%	<b>6.05%</b>	-5.70%
Netherlands (The Netherlands Antilles)	0.23%	0.27%	<b>0.32%</b>	68.54%
Nicaragua	3.25%	3.59%	<b>3.93%</b>	32.78%
Panama	2.09%	1.75%	<b>1.42%</b>	-39.98%
Paraguay	2.82%	2.82%	<b>2.82%</b>	-0.15%
Peru	5.64%	5.65%	<b>5.67%</b>	0.79%
Puerto Rico	0.20%	0.18%	<b>0.16%</b>	-25.00%
Saint Kitts and Nevis	0.25%	0.33%	<b>0.41%</b>	131.74%
Saint Lucia	0.30%	0.45%	<b>0.60%</b>	238.32%
Saint Vincent and the Grenadines	0.30%	0.43%	<b>0.57%</b>	222.16%
Suriname	1.26%	1.13%	<b>0.99%</b>	-27.80%
Trinidad and Tobago	2.09%	1.76%	<b>1.43%</b>	-40.01%
United Kingdom (United Kingdom Overseas Territories)				
<i>Anguilla, the British Virgin Islands, and Montserrat</i>	0.27%	0.24%	<b>0.22%</b>	-26.83%
<i>Bermuda and the Cayman Islands</i>	0.08%	0.07%	<b>0.06%</b>	-26.83%
<i>Turks and Caicos Islands</i>	0.06%	0.06%	<b>0.05%</b>	-26.83%
United States	0.34%	0.33%	<b>0.32%</b>	-10.4%
Uruguay	1.44%	1.31%	<b>1.18%</b>	-23.9%
Venezuela	3.89%	3.54%	<b>3.18%</b>	-24.04%
Country core total	95.00%	95.00%	<b>95.00%</b>	
Country variable allocation	5.00%	5.00%	<b>5.00%</b>	
<b>Total country regular budget allocation</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	

a/ The final distribution among countries reflects the terms of the Resolution which limited the reduction of resources for any given country to a maximum of 40% over the three-biennium phase-in period.

## Application of Regional Program Budget Policy: at Country Level

Member State	Approved 2008-2009 Program Budget	2008-2009 comparative distribution	Revised share, 3rd biennium phase-in for RPBP	Increase / (decrease) due to RPBP	Revised level due to phasing in of RPBP	Increase due to change in budget level	Proposed 2010-2011 Program Budget
	A			B	C=A+B	D	E=C+D
Antigua and Barbuda	385,000	0.36%	0.46%	119,000	504,000	15,000	519,000
Argentina	3,805,000	3.56%	3.23%	(264,000)	3,541,000	104,000	3,645,000
Bahamas	1,090,000	1.02%	0.83%	(180,000)	910,000	27,000	937,000
Barbados	663,000	0.62%	0.56%	(49,000)	614,000	18,000	632,000
Belize	930,000	0.87%	0.70%	(163,000)	767,000	23,000	790,000
Bolivia	5,131,000	4.80%	4.90%	241,000	5,372,000	157,000	5,529,000
Brazil	10,314,000	9.65%	10.10%	758,000	11,072,000	325,000	11,397,000
Canada	641,000	0.60%	0.49%	(104,000)	537,000	16,000	553,000
Chile	2,373,000	2.22%	2.19%	28,000	2,401,000	70,000	2,471,000
Colombia	4,446,000	4.16%	4.07%	16,000	4,462,000	131,000	4,593,000
Costa Rica	2,416,000	2.26%	1.83%	(410,000)	2,006,000	59,000	2,065,000
Cuba	3,495,000	3.27%	3.75%	616,000	4,111,000	121,000	4,232,000
Dominica	460,000	0.43%	0.51%	99,000	559,000	16,000	575,000
Dominican Republic	3,538,000	3.31%	3.35%	135,000	3,673,000	107,000	3,780,000
Ecuador	5,579,000	5.22%	5.87%	856,000	6,435,000	189,000	6,624,000
El Salvador	3,207,000	3.00%	2.94%	16,000	3,223,000	94,000	3,317,000
France (French Department in the Americas)	278,000	0.26%	0.32%	73,000	351,000	10,000	361,000
Grenada	502,000	0.47%	0.62%	178,000	680,000	20,000	700,000
Guatemala	5,804,000	5.43%	5.76%	511,000	6,315,000	185,000	6,500,000
Guyana	2,042,000	1.91%	1.91%	52,000	2,094,000	61,000	2,155,000
Haiti	5,323,000	4.98%	4.98%	136,000	5,459,000	160,000	5,619,000
Honduras	4,511,000	4.22%	4.39%	302,000	4,813,000	141,000	4,954,000
Jamaica	2,448,000	2.29%	1.86%	(409,000)	2,039,000	60,000	2,099,000
Mexico	6,606,000	6.18%	6.05%	26,000	6,632,000	195,000	6,827,000
Netherlands (The Netherlands Antilles)	289,000	0.27%	0.32%	62,000	351,000	10,000	361,000
Nicaragua	3,837,000	3.59%	3.93%	471,000	4,308,000	127,000	4,435,000
Panama	1,871,000	1.75%	1.42%	(314,000)	1,557,000	45,000	1,602,000
Paraguay	3,014,000	2.82%	2.82%	77,000	3,091,000	91,000	3,182,000
Peru	6,039,000	5.65%	5.67%	177,000	6,216,000	182,000	6,398,000
Puerto Rico	192,000	0.18%	0.16%	(17,000)	175,000	6,000	181,000
St Kitts and Nevis	353,000	0.33%	0.41%	96,000	449,000	14,000	463,000
St Lucia	481,000	0.45%	0.60%	177,000	658,000	19,000	677,000
St Vincent & the Grenadines	460,000	0.43%	0.57%	165,000	625,000	18,000	643,000
Suriname	1,208,000	1.13%	0.99%	(123,000)	1,085,000	32,000	1,117,000
Trinidad and Tobago	1,881,000	1.76%	1.43%	(313,000)	1,568,000	46,000	1,614,000
United Kingdom (United Kingdom Overseas Territories)							
<i>Anguilla, the British Virgin Islands, and Montsen</i>	257,000	0.24%	0.22%	(16,000)	241,000	7,000	248,000
<i>Bermuda and the Cayman Islands</i>	75,000	0.07%	0.06%	(9,000)	66,000	2,000	68,000
<i>Turks and Caicos Islands</i>	64,000	0.06%	0.05%	(9,000)	55,000	1,000	56,000
United States	353,000	0.33%	0.32%	(2,000)	351,000	10,000	361,000
Uruguay	1,400,000	1.31%	1.18%	(106,000)	1,294,000	38,000	1,332,000
Venezuela	3,784,000	3.54%	3.18%	(298,000)	3,486,000	102,000	3,588,000
Core allocations	101,545,000	95.00%	95.00%	2,601,000	104,146,000	3,054,000	107,200,000
Variable - 5%	5,341,000		5.00%	140,000	5,481,000	161,000	5,642,000
Total country allocations	106,886,000		100.00%	2,741,000	109,627,000	3,213,000	112,840,000
Total budget	279,067,000				279,067,000		287,100,000
Less: Retirees' Health Insurance	(5,000,000)				(5,000,000)		(5,000,000)
Total net budget	274,067,000				274,067,000		282,100,000
Country share	39.0%				40.0%		40.0%

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